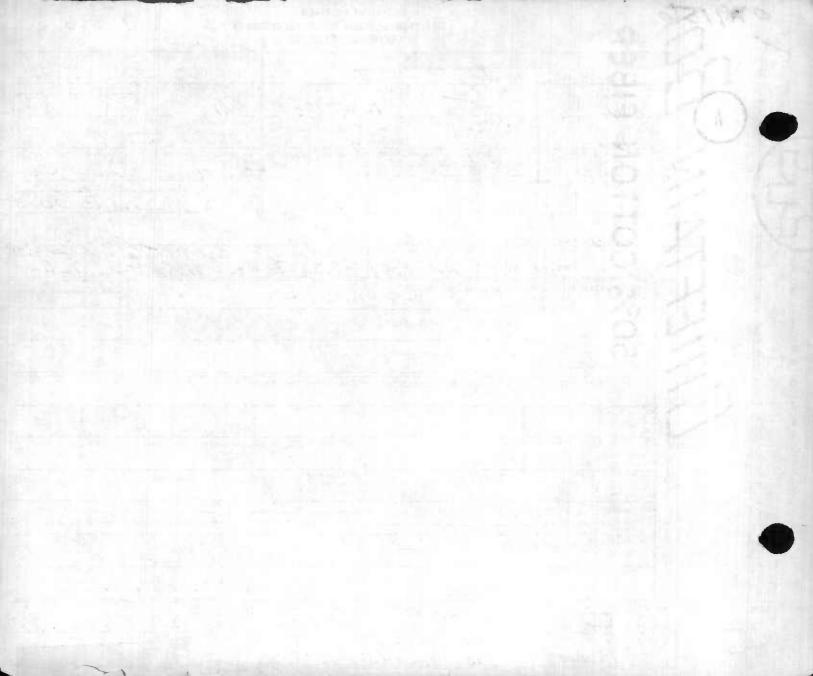
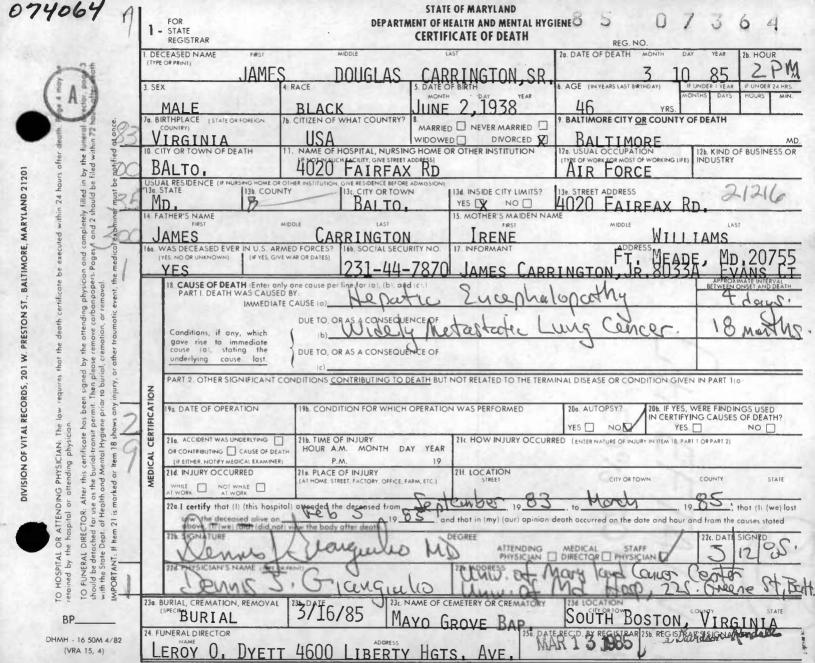
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEG NO 1. DECEASED NAME 20 DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-Carmody DEATH MATED Robert 3-0 19 85 4 RACE S DATE OF BIRTH & AGE (IN YEARS | IF UNDER I YR THE LINDER 24 HRS 2:35 SEX 2c. DATE White July 1°5 1947 PRONOUNCED Male 19 85 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Rhode Island USA Baltimore City, WIDOWED [DIVORCED 18. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 2. AND 3 TU I 3. RETAIN PA 2. SHOULD BE F JAL RECORDS. University Hospital Mechanic Auto USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Anne Arundel Pasadena 812 207th St. NOK YES 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME DIVISION OF VID Florence Salflinski John J. Carmody 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. YES, NO OR UNKNOWN) 223 68 8314 Tina Marie Carmody, Wife Same APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Head (unspecified) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TMENT OF HER TO BURIAL, 20 AUTOPSY? YES WX NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MOR MEDICAL CONTRIBUTING CAUSE OF DEATH 11:55APM 2-28 19 85 subject was shot 21e PLACE OF INJURY (AT HOME. AT WORK AT WORK 222 E. Redwood St., Baltimore, Maryland street-rear of Autopsy XX 220 I certify that I took charge of the remains described above, held on Inspection Inquiry L and in my opinion Homicide XX. death resulted from Natural causes Undetermined manner TO MEDICAL CAN EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL TILL DATE Garrison Forest Veterans Owings Mills Balton Co Md 07/B4 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SCHOOL **DHMH** - 17 1985 Funeral Home PA 1407 Old Eastern Ave (VR A15 ME (5))

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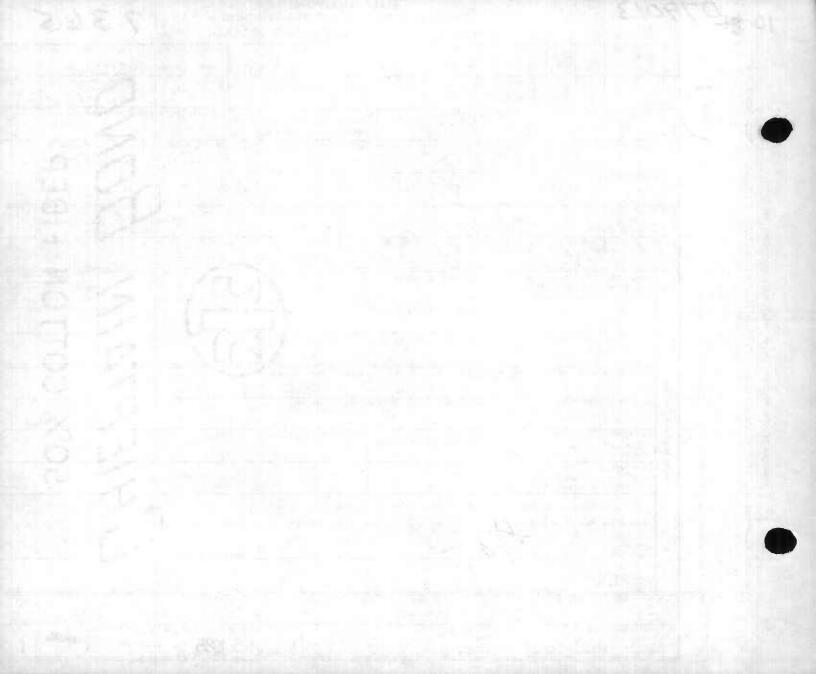
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 7 2a. DATE MONTH (TYPE OR PRINT) ESTI-(nmi) DEATH MATED Car] 19 85 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 4 HOUR LAST BIRTHDAY) MONTHS PRONOUNCED Dec. 18, 1923 White Male 61 DEAD 12/19 95 Th CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Infantry U.S. Army Military Kev Medical Center LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 138. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1966 Guy Way Maryland Dundalk NO X 4 FATHER'S NAME 15, MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Melvin Miller Carter Clara 160 WAS DECEASED EVER IN U.S. ARMED FORCES? AN SOCIAL SECURITY NO 17 INFORMANT ADDRESS DIVISION IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 235-26-4182 WW II June Carter same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL -TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic Alcoholism INER; ITING FIGATE, WRITING THE WORD F FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A! ATHE STATE DEPARTMENT OF HEA! 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 710 PLACE OF INJURY (ATHOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 HEAD ONLY 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Accident Hamicide Natural caus Undetermined manner TITLE (SPECIFY) ACTUAL MD ASSISTANT MEDICAL EXAMINER 3/12/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATOR b3/14/1985 Burial Garrison Forest Vet. Cem. Owings Mills, Balto., MD 07/84 25M AR 138 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR DHMH - 17 Walter Brooks Bradley, Inc. Balto., MD 21222 (VR A15 ME (5))



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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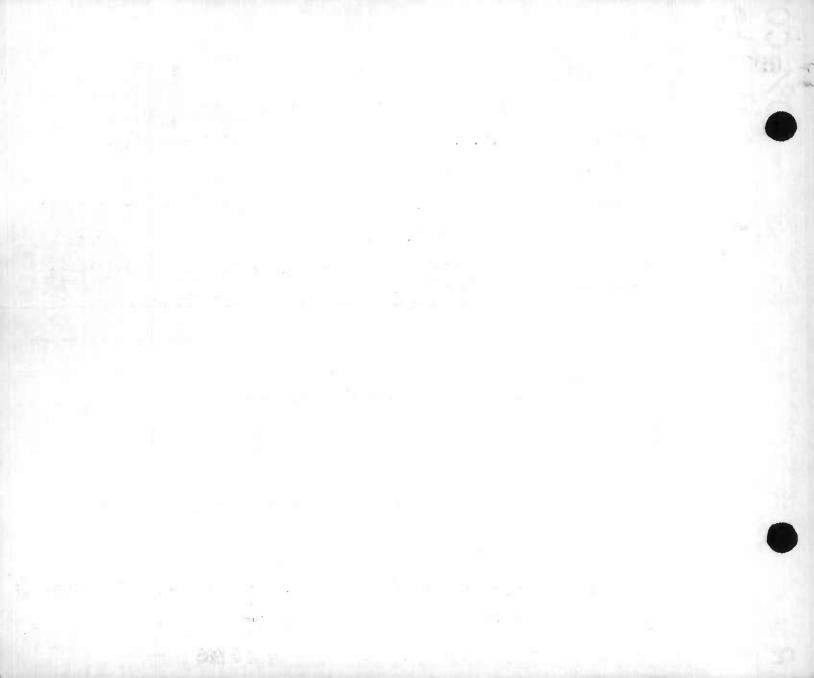
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9 BALTIMORE CITY OR COUNTY OF DEATH CTTY 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 201 N. WAShINGTON WILICE 201N. WAShINGTON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE jour) ppinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN G 600 N. WOLFE ST. BALTO. MD. 21205 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE N. CAROLINE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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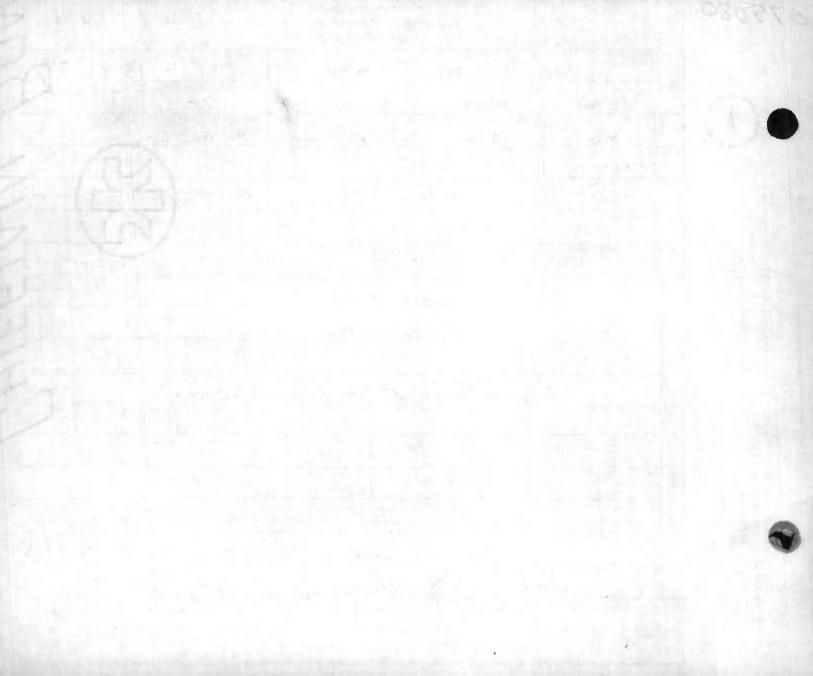
079080 DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR 358 (TYPE OR PRINT) 85 IF UNDER 2. HRS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 1909 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 1 STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY USA Balto. MO WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Mercy Hospital Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b. COUNTY 30 CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1204 Homewood St/ Maryland Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Randolph Blake Blackwell Marv ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I LIE YES GIVE WAR OR DATES NO OR UNKNOWN 219-07-5815D Dorothy Simon 2520 Loyola Northway 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) MYOCADIA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OF 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on our) opinion death occurred on the date and hour and from the causes states above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE 22c DATE SIGNED should be detach with the State Dej IMPORTANT: If He ATTENDING MEDICAL STAFF
HYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE 230 BURIAL CREMATION, REMOVAL Cedar MdTATE AnnewArunde koulo. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Judson Handells

Wm C March F/H Inc. 110TPE North Avenue

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR



4600LIBERTY HGTS. AVE.

EROY O. DYETT &SON FUNERAL HOME.

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIRECTOR

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VOIDED DEATH CERTIFICATE NUMBER 85-07371

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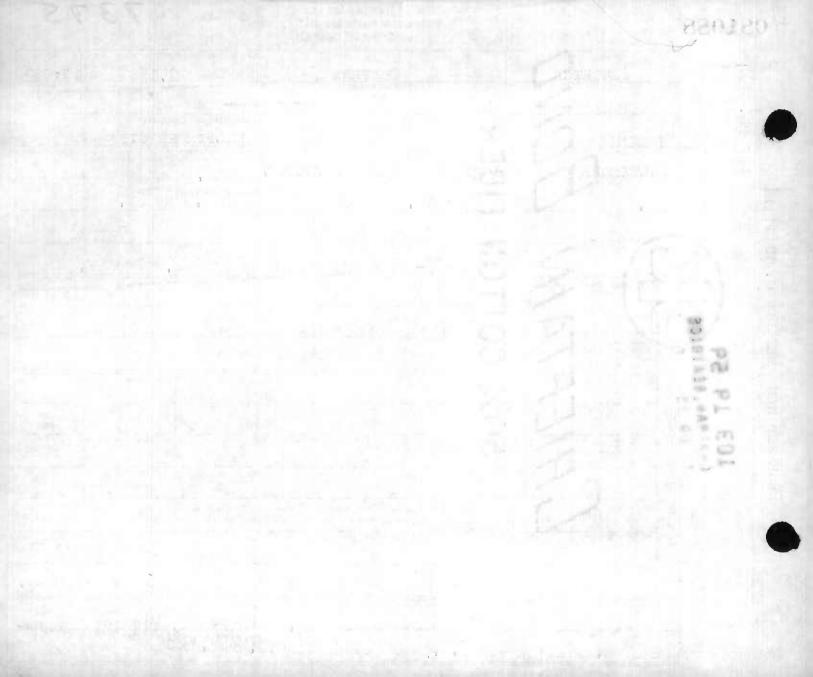
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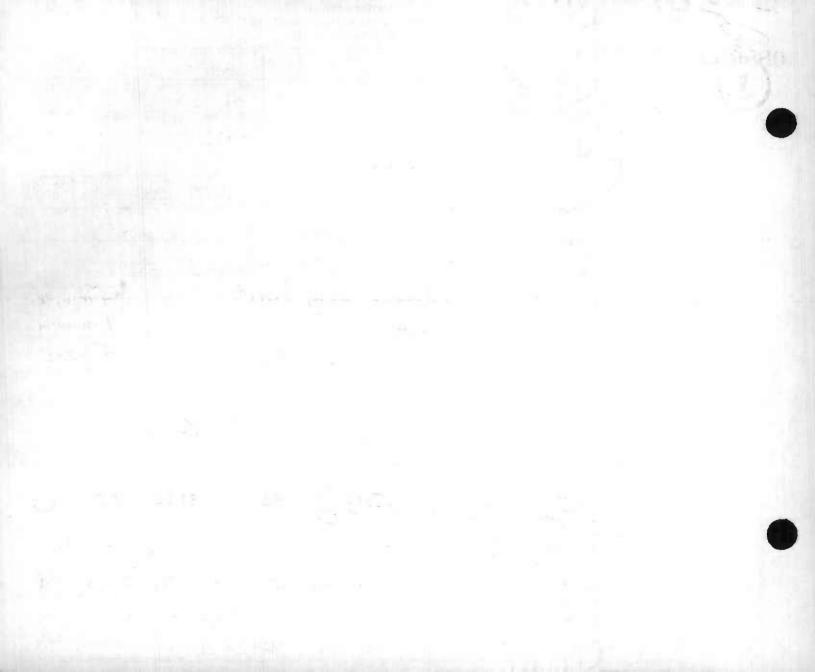
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FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

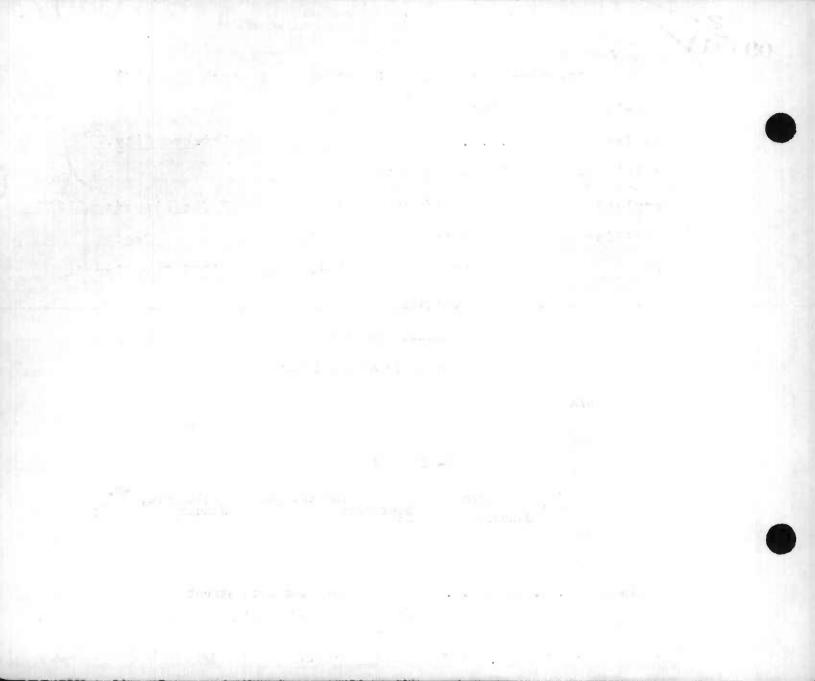


Wm C March F/H Inc. 1101 E North Avenue

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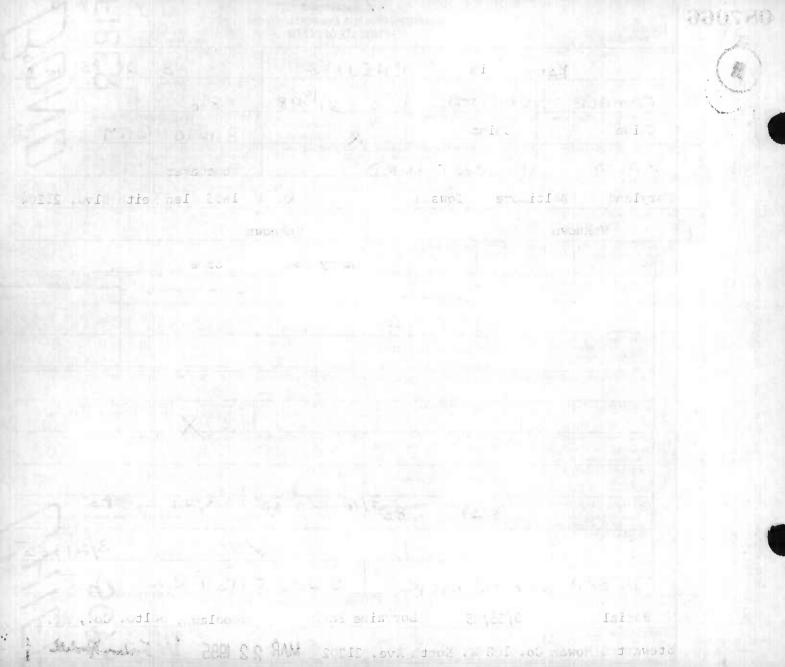
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equires that the death certifical in signed by the attending phys. Then please remove carbon paper to burial, cremation, or remove injury, or other traumatic event.	NOI	Conditions, if any, v gove rise to imme- couse (a), stating underlying couse	which diote the lost.	(b) DUE TO, OI	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	ADITION GIVEN	IN PART Ito	
on. hos been to perior to permit.	CERTIFICATION	196 DATE OF OPERATIO	NC	19b. COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES C	GS USED OF DEATH?
PHYSICIAN: The ending physician this certificate he burial-transit p ad Mental Hygien d or them 18 share		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		(AT HOME, STR	OF INJURY REET, FACTORY, OI	FFICE, FARM, ETC)	211. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
ATTENDING spital or oth CTOR: After CTOR: After I for use as the of Health a		220.1 certify that (I) (the saw the deceased above, (I) (we) (did	olive on.	3/2	21	om 3	nd that in (my) (our) opinion	on death occurred on the c	lote and hour a		hot (I) (we) lost ouses stated
OR A DOREGOCHECH DOEPT		226. SIGNATURE	11/	1	,	in	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATES	IGNED
HOSPITAL ined by the FUNERAL wild be detroited by the Stote CORTANT:		22d PHYSICIAN'S NAW	NE (TYPE OF	CA NOW	nei	~1)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIAN	13/2	1182
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		DEBRA		ERTHE	Eime		5200	EASTER	5 N	AUI	Ē
	73a. E	URIAL, CREMATION, RE SPECIFY) Burial	MOVAL	23b. DATE 3/25/8	25		emetery or cremator ne Park	CITY OR TOWN		OUNTY	STATE
BP		INERAL DIRECTOR		3/23/6))	HOLLAI		Woodlawn	Balto.		
DHMH - 16 50M 4/83 (VRA 15, 4)		ewart & Mow	en C	o. 108	W. Nor	th Ave.			Win Twent	an Bond	we !

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



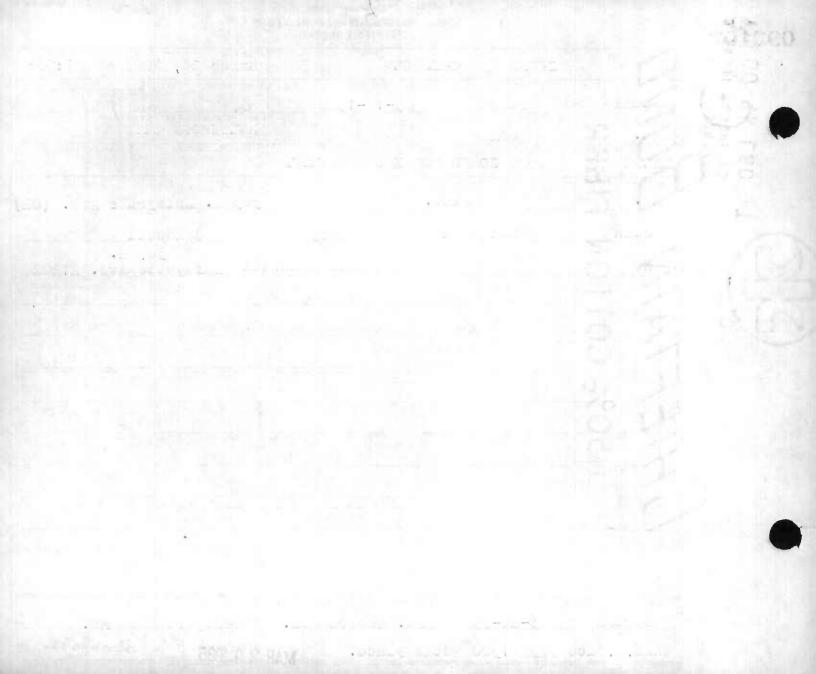
921023 1.	FOR STATE DECISTRAD	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH
10101	REGISTRAR	MIDDIE LAST 20

REG. NO

	SEX	4 RACE	5. DATE OF BIRTH	March 26, 19	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female		MONTH DAY YEAR	0)	MONTHS DAYS HOURS MIN.
7.0	BIRTHPLACE (STATE OR FOREIGN	Black 75. CITIZEN OF WHAT COUNT	5-16-1900	9 BALTIMORE CITY OR COUNTY	OFDEATH
1"	COUNTRY)		MARRIED NEVER MARRIED	BALTIMORE CI	
10	Md.	USA	WIDOWED ## DIVORCED [MD.
	BALTIMORE		OPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12% KIND OF BUSINESS OR INDUSTRY
Ü: 13	SUAL RESIDENCE (1F NURSING HOME 3a. STATE 13b. CO	E OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 130. CITY OR Balto	TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 303 E · Lafavi	
14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST
	John	Caldwell	Mary	Caldwel	
16	(a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS	Ruth Caldy	ADDRESS 307	7 E.
F	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b)		ратаусов	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DADTI DEATH WAS CAL	JSED BY: HATE CAUSE (0) CARDI		ST	2 MINUTE
		(c) UTN	CER		6 1 00 N (I)
3			TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	
TIELCATION		IT CONDITIONS CONTRIBUTING		20a AUTOPSY? 20b. IF YES	
	19d DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
MEDICAL CERTIFICATION	19d DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION WAS PERFORMED DAY YEAR 19 216 LOCATION	20a AUTOPSY? 20b. IF YE. IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? NO
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (1) (this has sow the deceased olive	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OF:	DAY YEAR 19 216. HOW INJURY OCCU 19 216. LOCATION STREET 19 3 2 1 19 8 5	200 AUTOPSY? 206. IF YE. IN CERTII YES NO YE YE. YE. NO IN TEM 18 IS	S, WERE FINDINGS USED FYING CAUSES OF DEATH? NO PART 1 OR PART 2) COUNTY STATE
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (1) (this has sow the deceased olive	19b. CONDITION FOR WE 19b. CONDITION FOR WE 12b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF) sspitol) ottended the deceosed from	TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU DAY YEAR 19 21f. LOCATION STREET	200 AUTOPSY? 200 IF YE YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 II CITY OR TOWN 10 3 26 deoth occurred on the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? NO PART 1 OR PART 2) COUNTY STATE
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this has sow the deceased alive above, (1) (we) (die) (did 22b. SIGNATURE CAUSE) 22d. PHYSICIAN'S NAME (19)	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFI on 3125 not) view the body ofter deoth.	TO DEATH BUT NOT RELATED TO THE TER HICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU DAY YEAR 19 21f. LOCATION STREET OM. 3 2 1 19 8 5 Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200 IF YE YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 II CITY OR TOWN 10 3 26 deoth occurred on the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO COUNTY STATE 19 State 19 County State 22c. DATE SIGNED
A DIGAM	19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 21th INJURY OCCURRED WHILE NOT WHILE AT WORK 22th Certify that (I) (this has sow the deceased alive above, II) (we) (did) (did) 22th SIGNATURE 22th PHYSICIAN'S NAME (TYPE	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 10b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF, on 3125 not) view the body ofter death.	DAY YEAR 19 216. HOW INJURY OCCU 19 216. LOCATION 518EE Om. 322 1 19 25 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YE YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 II CITY OR TOWN 10 3 26 deoth occurred on the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO COUNTY STATE 19 S, that (I) (we) lost ar and from the causes stated 22c. DATE SIGNED

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



Wm CMEMarch F/H Inc. 1101 North Avenue MAR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

FIRST

LECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YRS

7a DATE OF DEATH

26 HOUR

176. KIND OF BUSINESS OR

21201

Greer

Apt. 407

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

85

IF UNDER LYEAR

MONTHS DAYS

INDUSTRY

COUNTY

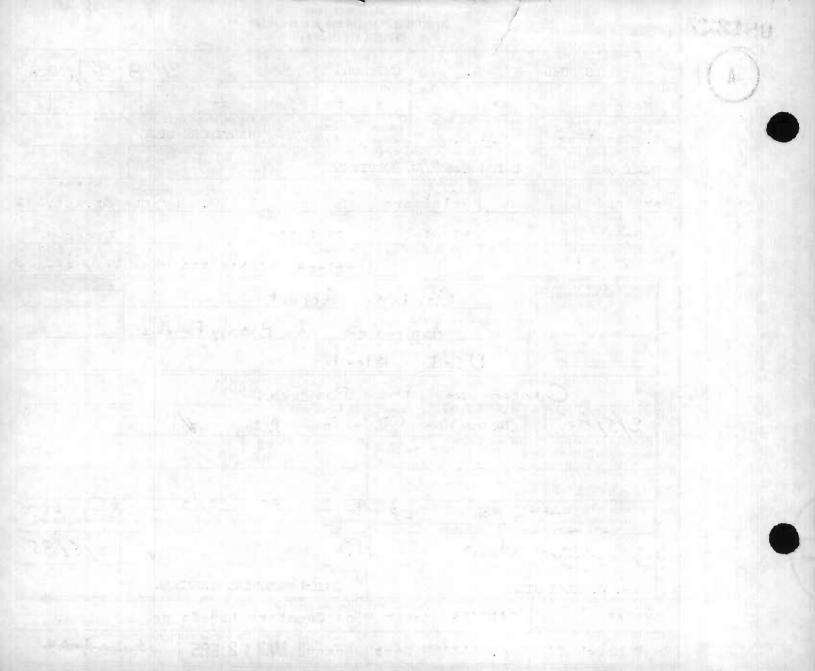
we waydoon fondise

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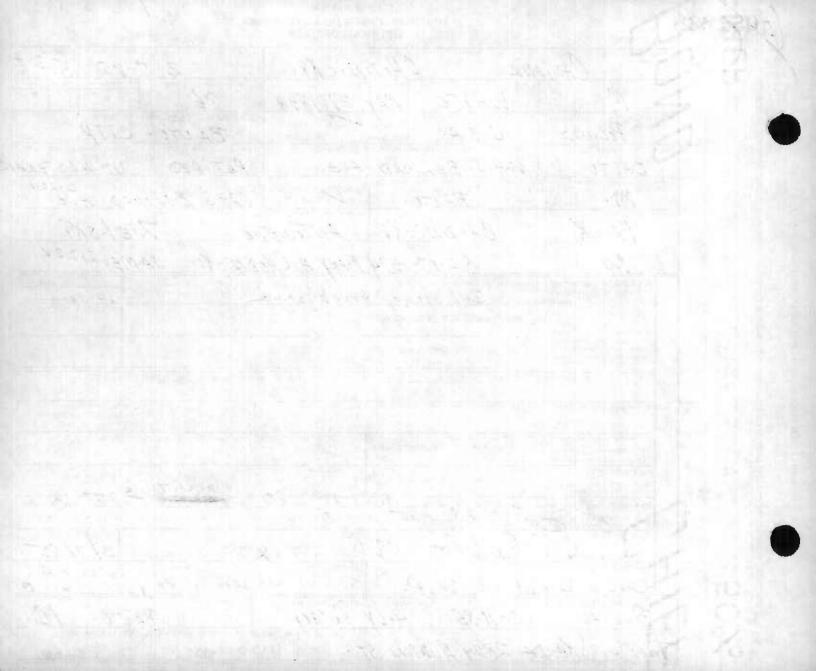
25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

Md . STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2h HOUR L DECEASED NAME (TYPE OR PRINT) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE _I STATE OR FOREIGN COUNTRY) DIVORCED WIDOWED HOSPITAL NURSING HOME OR OTHER INSTITUTION IB. CITY OR TOWN OF DEATH INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13g STATE 13b. COUNTY LITY OR TOWN 13d INSIDE FITY LIMITS? 14 FATHER'S NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR WAKHOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive as FEB 28 19 _, and that in (a) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Balto, MO d b SOO W. 31210 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CREMATION, REMOVAL CITY OR TOWN 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 087014 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 24 DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-William DEATH MATED 10 85 Howard Christy, Jr. 3/15/ 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR DATE 24 HOUR I:20 PRONOUNCED 15/ 1085 DEAD April 2.1957 27 YRS Black & BIRTHPLACE CLIATEON Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREXON COUNTRY) Maryland DIVORCED WIDOWED Baltimore City IL CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Shopping Cen. Baltimore Deaton Medical Center Janitor MCF LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 186 COUNTY 113e STREET ADDRESS 13d INSIDE CITY LIMITS? 75 Swan St. /21001 Harford Aberdeen NO Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Christy, Sr. Waters Willaim Howard Dorothy Marie Wm.H.Christy,Sr.,463 Elmhurst St., 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO, OR UNKNOWN) 214-70-8261 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gunshot Wound to Head IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? te PAGE 3 SHOULD BE DO STATE DEPARTMENT O YES X NO [2 To EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 1:31PM 1/23/19 85 subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 6100 Frankford Ave., Balto. City, Md street TO FUNERAL DIRECTOR: PA 22a I certify that I took compared the remains described above, held an Inspection and in my apinion Homicide XX death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL TO Dept. ChiefMEDICALEXAMINER 3/16/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Penn St. (TYPE OR PRINT) ADDRESS BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Aberdeen, Harford, Mayland Mar. 20, 1985 Mt. Calvary Cemetery Buria1 07/84 25M 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Tarring Funeral Home, P.A., Aberdeen, MD. 21001 is Devidson Randelle (VR A15 ME (5))

29	REGISTRAR Anne C.	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	YEAR 2b. HOUR
(1)	PEOR PRINT) Anne C			3 9 85	9:55a
3. S	EX	4 RACE	S, DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS
	Female	White	7 22 1913	71 YRS	DATE TO SEE
P P	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF WHAT COUNTRY U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		DEATH
3 3 10.	altimore City	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes Ho	NG HOME OR OTHER INSTITUTION		
130 Ta	STATE Md.	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NITY LIMOTE 130 CITY OR TOV Catons			
130	FATHER'S NAME FIRST Andrew	MIDDLE LAST Weber	IS MOTHER'S MAIDEN N	MIDDIE	LAST
No.		RMED FORCES? VE WAR OR DATES) 181-26-3		lev Same as 13e.	
event, the	PART I. DEATH WAS CAUS	nly one couse per line for (0), (b), o ED BY: TE CAUSE (0) <u>Cardio</u>	respiratory and	st Failure	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
troumotic	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	Myo Cardial i	infaction .	
or other	couse (o), stating the underlying couse lost	DUE TO, OR AS A CONTEOL	tes Mellitus		
TION		sociated p	neumonia	rminal disease or condition given II	
8 shows any injur	196 DATE OF OPERATION		OPERATION WAS PERFORMED		G CAUSES OF DEATH?
- 1 -	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH C	21c. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
dor Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

TO HOSPITAL OR AT TO HONOR DAY TO FUNERAL DIRECT Should be detached with the State Dept. (MPORTANT: If them

DHMH - 16 60M 7/B4 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL SPECIFY Burial 23b. DATE 3/12/85

Loudon Park Cemetery

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION
CITY OF TOWN
Baltimore

MEDICAL STAFF
DIRECTOR PHYSICIAN

ore Maryland

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

900 S.Caton Ave.

Leroy M. & Russell C. Witzke Funeral Home

250. DATE REC'D. BY REGISTRAR 25b. REC

MAR 1 1 1085

4 may be poge

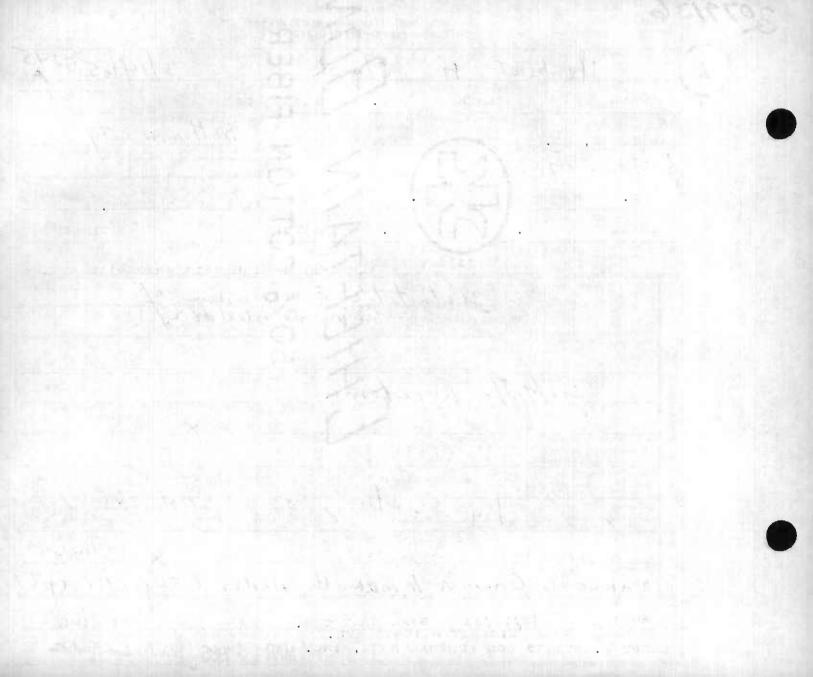
DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

		REGISTRAR						REG	NO.	200	
1		CEASED NAME OR PRINT)	ERDI	_	H.	C	lARK	20 DATE OF DEATH	3//4	1/85 3	AM
1	3 SE)	X	4.	RACE		5. DATE C		6 AGE TINYEARS LAST		THE LAW FUR	
1		MALE		BLA	CK	OCT.	30° 1920	6 4	YRS	THS DAYS HOL	INS MIN.
		RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF V	VHAT COUNTRY?	8.	□	9 BALTIMORE CUT		DEATH	
9		COUNTRY				WIDOWE	D NEVER MARRIED X	Sall	nure 1	citus	MD.
1		TIMORE,	MD 11		OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	126 KIND OF BUS	
57	1	altimore	cily		FACILITY, GIVE STREET			(TYPE OF WORK FOR MO	ST OF WORKING (IFE)	INDUSTRY	
4		AL RESIDENCE (IF NURSI	ING HOME OR OT		IVE RESIDENCE BEFORE	ADMISSION)	NERAL HOSPI	TAL		010	
5	13a S	MD.	13b COUNTY		BALTO	N		13e.STREET ADDRES	S / ZIP CODE	212.	31
4	IA FA	THER'S NAME	and the second				YES XX NO [SEDALE	ST.	
-		CHARLES	WIE	E.	CLARK	SD	HATTLE	MIDDLE		TINSC	
2									DEC.	TINSC	N
		VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SECU		17 INFORMANT	ADI	DRESS		
		NO			222 05	7832	EVELYN RIDE	DICK 282	FREDE	RICK A	VE.
		18 CAUSE OF DEATH	H (Enter only	one couse per l	ine for io, (b) on	dic/			P	APPROXIMATE BETWEEN ONSET	AND DEATH
		PART I. DEATH W.	IMMEDIATE		METa.	stat	à Carei	nong	· of		
				DUE TO, OR	AS A CONSEQUE	NCE OF L	ininary	bladde	nl		
	и	Conditions, if ony,	which	(b)	AS A CONSEQUE	.NCL OF 4		0,000			
		gove rise to imm	nediote	10,	15 1 50 155 015		A PACKET OF THE	THE HE	of TE		
		underlying couse		DUE TO, OR	AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGN	HEICANT CO	NOITIONS/CO	NTRIBUTING TO I	DEATH BLA	NOT RELATED TO THE TERMI	NAI DISEASE OR CO	ONDITION GIVEN	IN PART 1:0	
	N		1 with	tinte	My		ma	THE DISEASE ON CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NATION INC.	
H	CERTIFICATION	190 DATE OF OPERAT	ION	19 CONDIT	ION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	ERE FINDINGS L	JSED
2	IFIC							YES T NOS	IN CERTIFYIN	IG CAUSES OF D	EATH?
5	ERT	21n. ACCIDENT WAS UND	ERLYING	216 TIME OF	INJURY		21c HOW INJURY OCCURR				2 🗆
		OR CONTRIBUTING C	AUSE OF DEATH		MONTH DA			ED TELEVIER MATORE CO. II	7,007 10 11 11 12 11 12 11 11	, QA , AA , 2 ,	
	MEDICAL	(IF EITHER NOTIFY MEDIC		P.M		19	211 LOCATION				
	ME	WHILE NOT WH			ET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OF	TOWN	COUNTY	STATE
-		AT WORK AT WOR	X .			7.1	55	7	111	0	/
		220 I certify that (I)		ottended the	deceased from	191	190	10	19.	,	(I) (we) lost
1		sow the decease above, 11 (we) (d	id (did not)	view me bory	offer death.		nd that in (my) (our) opinion d	eoth occurred on the	date and hour or	nd from the couse	s stoted
		226. SIGNATURE	/	2 /	1 1	2	DEGREE	MEDICAL		220 DATE SIGN	IED
		/hun	m	9. WI	ica	h. r	ATTENDING PHYSICIAN		SICIAN	3/14/	85
		22d. PHYSICIAN'S NA	ME (TYPE ORRI	RINT		,	22e ADDRESS	, ,		111	+
		MARCO	05 B.	GAL	ICIA J	r. ml	North CALA	AN/ES G	FENER	M 401	Mita/
		BURIAL, CREMATION, I	REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			V
	(BURIAL		3/17/	85 5	TAR E	AST CEM.	CITY OR TOWN		OUNTY VIRGINI	STATE
	24 FU	JNERAL DIRECTOR	4600					REC D. BY REGISTR			
		EDOV O I	DVETT	S CON	FIINEBA	HOM		4 5 4005	10. K.	יול ווינו	M

DHMH - 16 60M 7/84 (VRA 15, 4)

0 BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH Iven N. Clark REGISTRAR REG. NO 2a DATE OF DEATH MONTH DAY DECEASED NAME (TYPE OR PRINT) Iven M. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 3. SEX HOURS MONTH DAY YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPI ACE I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED V WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Crane Operator Steel DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR IQWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS /-ZIP CODE CO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE MIDDLE 17 INFORMANGIEN Burnie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. IYES NO OR UNKNOWN Lucille Turpin 6509 Dolphin Ct. 3644 NO 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and 10 PART I. DEATH WAS CAUSED BY Urres IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 220 DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL old be dete PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME LITYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL Glen Haven Mem Pk Glen Haven Md. Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto. Md. DHMH - 16 50M 4/83 ie Daydoon- gandelle George J. Gonce 4001 Ritchie Hgwy (VRA 15, 4)

the latest the state of making And the state of MERCHANICA X- LOOK ALLO AND AL 219 30 3644 Lugille Curpin 6509 lolphin ut. Torlat 3/6/35 Clan haven here ik Glen haven h.A. Lide ward elderis 1000 conol . a error

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70 12 25		· Caro	lina	U.	S.A.		WIDOW	esert.	DIVORC	-	Ва	ltimor	e City	7.	ME
	10 CI	TY OR TOWN OF	DEATH	II. NAME OF HO		URSING HOM	E, OR OTH	ER INSTITUT	ION		AL OCCUP	PATION (TYPE	E OF WORK 12b	OR INDUST	
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5	_	aryland			Ba	ltimor	e	YES	NO []				l Aver	nue21	215
-	14. F.A	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE			IDDLE		LAST	
0		James				lark				-			_		
1		AS DECEASED E		RMED FORCES?		OCIAL SECURIT		17. INFORM				ADDRESS			
		YES			23	7 - 22 - 2	036A	Lois	s C1	ark	5740	Jone	quil A	Avenue	e
		18 CAUSE OF E	EATH (Enter o	nly ane cause per li										APPROXIMAT BETWEEN ONSE	E INTERVAL
		TANTIDLAI		ATE CAUSE (a)		Traum		Head v	with	comp	licat.	ions			
N, OR REMOVAL.		C Pr	4		OR AS A CO	NSEQUENCE	OF						100		
S RE		gave rise	if any, which to immediat	e / (b)											
5		cause (a) sto lying cause	iting the <u>under</u> last.	DUE TO, C	R AS A CO	NSEQUENCE	OF								
5				(c)											
AND, 21201 PRIOR TO BORIAL, CREMATION, OR REMO	N	PART 2 OTHER SIGNII	ICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RE	LATED TO THE TERM	MINAL DISEAS	OR CONDITION	GIVEN IN PA	RT I (a),					
-	ATIC	19a DATE OF OI	PERATION	196 CON	DITION FOR	R WHICH OPE	RATION W	AS PERFORM	MED?					20 AUTOPSY	?
1	IFIC			100										YES XX	NO 🗆
5	MEDICAL CERTIFICATION	21a EXTERNAL		21b. TIME	OF INJURY	H DAY? YEA	21c. He	OW INJURY	OCCURRE	DIENTER	HATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)		
5	W	UNDERLYING CONTRIBUTING	U OK	DEATH P	M. MONTI	H DAY, YEA	K	???	??						
	EDIC	21d. INJURY OCC	URRED	21e PLACI	OF INJUR	Y (AT HOME.	21f LO	CATION	- 100				100		
	X	AT WORK	T WORK	STREET, F	ACTORY, FARM,	ETC.)		???????			CITY OR TO	NN.	COUNTY		STATE
				rge of the remains d	escribed at	num Baldas	A	sy XX	laca and a		la a		diam.		
		death results	60	ural causes	A A	[7]			Inspectio		Inquiry ermined mo		d in my apinio	an	
	-	deam results	No . man	10	1	0. (vicide	, Hamici		Undete	ermined mo	inner 🔼,			
2		ACTUAL L	elle	44517	Mari	Mis	40	TITLE (SF		t	ICAL EXAM		DATE	3-28-	-85
0		SIGNATURE	0000	0	~~~	feet	Collin	D_A33.	13 Car	IC MED	ICAL EXAM	INER	SIGNED_	3 20	05
4	113	EXAMINER'S NA (TYPE OR PRINT)	^{ME} Den	nis F. Sr	nyth,	M.D.		ADDRESS_	111	Penn	St.,	Balto	o., Md.	. 2120	01
		RIAL, CREMATIC	N, REMOVAL	23b. DATE 4/2/85		NAME OF CE				23d 10	CATION ORTOWN 1 ngs	Mi11	COUNTY	Md ^{s1}	TATE
	24 Ft	JNERAL DIRECTO						12		REC'D BY	REGISTRA	R 256 REGI	STRAR'S SIGN	NATURE	
)	W	m C Mar	ch F/	H Inc.	1°101	E Nor	th A	ve.	MA	R 2	9 1985) A	Davidson	n-Rande	DL.

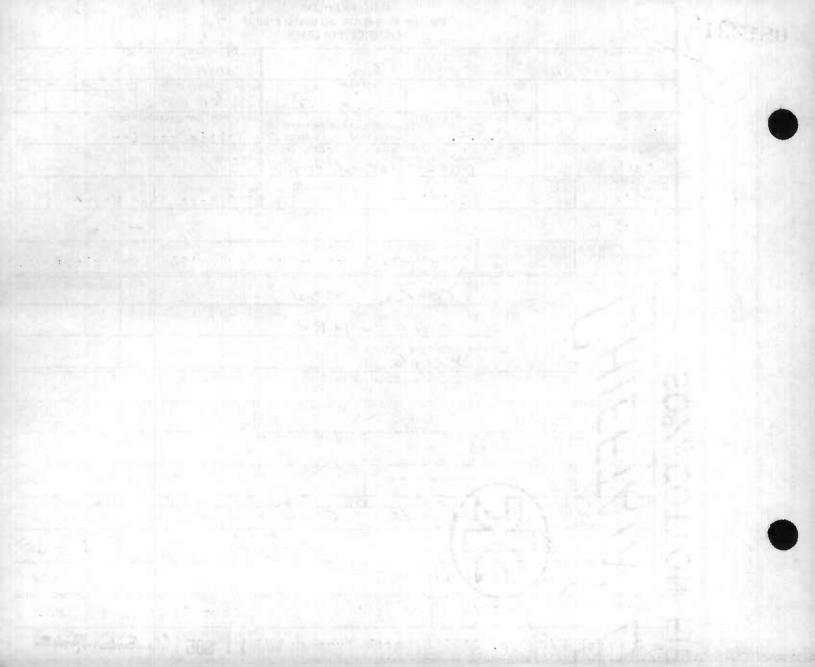
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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500		E OR PRINT)						~ 7	LAST		2	OF	NOWN ESTI-		DAY	YEAR	26 HOUR
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51	3. SEX			MC	ATE OF BIRTH	YEAR	6. AGE (IN YE.			HOURS		C. DATE	CED	MONTH	DAY	YEAR	3:00
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		ntucky			U.S.A			WIDOW		DIVORCE		Balt	imor	e_Cit	ty,		MD
J		TY OR TOWN			IF NOT IN SUCH F			, OR OTH	ER INSTITUT	TION	12e USU/	AL OCCUPA	ATION (TY	PE OF WORK	12b KII	ND OF BU	SINESS
1		Baltimo			208 Cle							cker				ca C	
1	USUA 13a S			HOME OR OTH	ER INSTITUTION, G		OR TOWN	ON)	liad inside ci	TV LIMITS?	13e STREE	TADDRES	s				
4	M	aryland		-			timore		YES 🔀	NO 🗆	1208	Cle	velan	d St	reet	21:	230
1	14 F/	ATHER'S NAME		MID	DLE		LAST		IS. MOTHE	R'S MAIDE	N NAME	4.10	DDLE			AST	
1		Alfre	d	MID	011		ye			ona		MIL	<i></i>			Yate	S
1	16a. V	VAS DECEASE	D EVER IN U	S. ARMED I			IAL SECURIT	Y NO.	17 INFORM	MANT		9.10	ADDRES	s 21	230		
1	(1	NO	(in A)	S. GIVE WAR O	w Nutes!	407	-22-02	95	John	G. C	. C1a	uss :	1208	Clev	elan	d St	
I		18 CAUSE C	F DEATH (Er	iter only one	cause per line	e far (o), (b)), and (c).)								Al	PROXIMATI	INTERVAL
1	-	PARTIDE	ATH WALAC	ALICED BY	USE (o) A			otic	Cardio	ovasci	ular	Disea	ase		BETV	VEEN ONSE	TAND DEATH
			11707	(SEQUENCE (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
-			ns, if ony, se to imm		(b)												
		cause (o	stating the			AS A CON	ISEOUENCE (OF.				-					
4		lying cat	ise lost		(e)												
		PART 2 OTHER SI	GNIFICANT CON	ITIONS CONTRI	BUTING TO DEATH	RUT NOT RELA	TEO TO THE TERM	INAL DISEAS	OR CONDITION	GIVEN IN PAR	T 1 (0).						
	CERTIFICATION																
,	CAT	190 DATE OF	OPERATION	1	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?	2011				20 A	UTOPSY?	-44
	TIE									4						ES 🗌	NO 🔯
	CER	210 EXTERNA		AS	HOUR A.M		DAY YEAR	21c. H	OW INJURY	OCCURRED	DIENTERNA	TURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2)		
	MEDICAL	CONTRIBUTI	NG CAUS	E OF DEAT	H P.N	١.	19										
1	AEDI	21d. INJURY C	CCURRED	-	21e PLACE	OF INJURY			CATION			CITY OR TOW	N	-	OUNTY		STATE
I	4	WHILE AT WORK	AT WORK	.E								C.I.I OK IOW		C	CONT		STATE
					he remains des	scribed abo	ve, held on	Autap	y [].	Inspection	X.	Inquiry		nd in my o	DIDION		
		death result		Natural 🖋	XX	Aucident		icide	Homici			mined man		in my o	pation		
				1	12	Y	,		TITLE (SF		onderer	iea man					
		ACTUAL SIGNATURE	100	X	//			AA		istant	L MEDIC	AI EV AAAII	NED	DATE	150	1/26/	85
7		67.00			//		10000		0100_		- WEDIC	AL EXAMI	NEK	SIGN	ED	7201	00
-		EXAMINER'S (TYPE OR PRI	NAME	regor	y R. Ka	auffma	an, M.I).	ADDRESS		111	Penn	St.				
1	23e.Bl	JRIAL, CREMA					NAME OF CEA			RY	123d LOC	ATION					
1	(5	Bur	ial	3/	28/85	Pa	rkwood	Ceme	tery		Balt	imor	e	COL	NIAL J	Mary	land
1		JNERAL DIREC			ADDRESS	100		229		Se. DATE RI	EC'D. BY R	EGISTRAR	25h REG	ISTRAR'S	SIGNATI	JRE	
I	Hul	bard F	unera:	l Home	, Inc.	4107	Wilke	ns Av	re.	MAR 2	1/18	85	- may	teriology	- Pan	delle	
										-	- FR - 47%		SASSA CLARKE	TOSA T	T	ALC: UNKNOWN	

MADROCATION July James Honda 80.



(VRA 15, 4)



DIVISION OF VITAL RECORDS, 101 W. PRESTONST BELTIMORE MARLIAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	REG. N	10.			
20. DATE OF D	EATH	MONTH	QAY	YEAR	26. HOUR D
MARCH	27	, 19	85		2:15 M

1. DECEASED NAME	FIRST		WIGDIE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR P
(TYPE OR PRINT)	MICH	AEL	NELSON	CI	LINE	MARCH 27,	198	5	2:	15 M
3.5EX		1 RACE		5. DATE O		6. AGE IN YEARS LAST BIR		IF UNDER 1 YEAR		R 24 HRS
Male		White	2	July	1 °1964 ***	20	YRS,	MONTHS DAYS	HOURS	MIN.
7a BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
Maryland		U.S.A		WIDOW	ED DIVORCED	BALTIMOR		ITY		MD
10. CITY OR TOWN O	/	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET / OHNS HOE	ADDRESS)	OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION OF COMMON TO THE COMMON		12b. KIND C INDUSTRY	OF BUSIN	ESS OR
BALTIMO USUAL RESIDENCE					DINOSELIAD	NOTIE				
isaryland	13b. COU		Myersvi	N	13d INSIDE CITY LIMITS? YES NOX	134.STREET ADDRESS 10782 Wolf			2177	3
4. FATHER'S NAME					15 MOTHER'S MAIDEN NA	WE				
George	W	MIDDLE	Cline		Rita	L		Bown	an	
160 WAS DECEASED		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	10782PR	₩olfs	ville R	oad	
NO	TIP TES, OF	VE WAR OR DATES	219-66-4	795	George W. Cl	ine Myers	ville,	MD 21	773	
18 CAUSE OF	DEATH (Enter or	nly one couse pe	line for (a), (b), one	d (c).)				APPROX BETWEEN	IMATÉ INTE	RVAL D DEATH
PART I. DE	ATH WAS CAUSI	EĎ BY: .TE C AUSE (o)	C Madio	Vinie	Shock				hours	
	IMMEDIA		,							
		DUE TO, C	R AS A CONSEQUE	NCE OF						
	if any, which	(d)								
couse (a),	stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF						
underlying	cause lost.	(c)_								
	RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART I	0	
0 0	MMMON	VARIO	alle 16	nmul	u dehere	Y				
19a DATE OF C	DPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		, WERE FINDI		
19a DATE OF C						YES NO	YE	YING CAUSES	NO Y	
OR CONTRACTOR	WAS UNDERLYING	216. TIME C		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	-	
(IF EITHER NOT	IFY MEDICAL EXAMINE	,	.M.	19						
(IF EITHER NOT	CCURRED		OF INJURY		211 LOCATION STREET	CITY OR TO	IWN	COUNTY		STATE
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	31866					
			ne deceased fram	- Street -	h L) 1995		27		that (I)	
saw the c	deceased alive or	IN MICH	after death.	62 0	nd that in (my) (awe) opinion	death occurred on the d	ate and hav	r and from the	couses st	toted
729. SW\$NASH		e	2.77,5 - 1.004,5 2.0		DEGREE			22c DATE	SIGNED)
11/1/	2110	2		10	ATTENDING PHYSICIAN F	MEDICAL STA	FF	MAR	42%	1945
77 PHISICIA	N'S NAME TIGE	Same -		- 12	ADDRESS		7			-
OHA	ples Li	rve			BAltimore,	Mpryland	2/2	05	-3	
Ba. BURIAL, CREMA		23b. DATE	23c. N	NAME OF (CEMETERY OR CREMATORY	23d LOCATION				
(SPECIFY)	1 0	March '	30 1085 M	- 7io	n II Nothodist	VIXZOZCOZZI II	- French	COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Myersville, MD 21773 Yuneral Home



0812.32

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) OSCAR CLYBURN MARCH 9. 1985 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR DAY YEAR Male Black 30 18 TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE S.C. USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

TONNS HOPKINS HOSPITAL INDUSTRY BALTIMORE 130 STATE 13b. COUNTY 13e STREET ADDRESS / ZIP CODE St. 21205 MD Baltimore 806 N. Bradford YES X I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frank Clyburn Daisy Frazier ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Jake Clyburn 806 N. Bradford St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) mens IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Neumonion Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ancer SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 COUNTY NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive an 3/9 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME EURN 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Charlotte /16/85 Family Plot Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTAN

Hygien

1101 E. North Ave. March F/H



0740	73,	FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO									
1	5/	REGISTRAF				XAMINE	R'S CEF	RTIFICA	ATE OF	DEATH	REG	. NO.		
5	/	TYPE OR PRINT)	AME FIRST		AIDDLE		LAST	٢		20. D/	OF ESTI-	N K WON	TH DAY YEAR	26 HOUR
	ESESE.		Henry		Lson		Cof				ATH MATED		3/12/19 8	
(1	ON STR	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY 813-08	YEAR	AGE IN YEARS LAST BIRTHDAY) 76 YRS	MONTHS		UNDER 24	IN PRON	OATE IOUNCED DE AD	MONI	3/12/ ₁₈ 5	2:30 A _M
10	35	70 BIRTHPLACE FOREIGN COUNT Maryla	nd	76 CITIZEN OF WHA U.S.A			MARRIED WIDOWED		R MARRIED DIVORCED	Ba	altimo	re Ci		MD.
	S SERVICE LES		timore /	II. NAME OF HOSPI (IF NOT IN SUCH FACIL Universit	Y HOS	pital	Shock			FOR MOST O	CCUPATION F WORKING LIFE) nist		Paint	JUSINESS
.21201	RETAIN 3	Maryla:			13c. CITY C		13d Y	13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO XX 734 Overbrook Roa					oad 2121	2
WD	C (2037)	FATHER'S NA	ME	MIDDLE	LA	ST	15.	MOTHER'	SMAIDEN	NAME	MIDDLE		LAST	
ONE.	¥85 × 60 0	Frank			Coffi			Ann					Bosc	a
BALTIM	S AFTER POR PAGE IN VISION	YES, NO, OR UN	ASED EVER IN U.S. ARN KNOWN) IF YES, GIVE V			01-940		r. N.		fin 7	ADDI 34 Ove:		k Road 2	1212
PRESTON ST., II WITHIN 24 HOURS WITHIN 18 HIS RANSIT PERMIT RANSIT PERMIT ALL HYGENE, DI PERMYNERAL	MIT N	18 CAUS PART	E OF DEATH (Enter and DEATH WAS CAUSED	('ranio-dorohya Traima										ATE INTERVAL SET AND DEATH
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	A A A A A A A A A A A A A A A A A A A		itions, if any, which	(b)										
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ECORDS	BE EDG ENDING WEDICA ASA BI ASTH A COEMA		R SIGNIFICANT CONDITIONS C							(0)				
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DIVISION OF	ERTHCATE TING THE W ED TO THE 3 SHOULD DEPARTMEN PRESE TO	3 UNDERLY CONTRIBI	RNAL CAUSE WAS ING XOR UTING CAUSE OF D		3/ 1	2/19 85	subj	ect f			of INJURY IN ITE			
DIVISIO HIS CERTI	MARDED WARDED WAGE 3 S TATE DEP	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR ba			211 LOCAT STREE - 734	T	rook		Balto.	City	, Md.	STATE
•	MEDICAL EXAMINER ECUTE THE CERTIFICATE REA & ANOLUD BE FORE FUNERAL DIRECTOR: TER DEATH, MOTH THE SE MEMORE, MARYLANDE	death re	ertify that I taak charge sulted fram: Nature	/ [ccipent [Hamicide		, Inq Undetermine	ed manner	and in my		
	WORE A	ACTUAL SIGNATU EXAMINE	D'S NAME	JOVV	5.5	М Б			stant			SIG	TE SNED 3/12	/85
	PAGE TO PUR AFTER BALER	TYPE OR I	MATION, REMOVAL 23	ory R. Kua		ME OF CEME				Penn S				
07/84	BP	Buria:	1	3-15-85		reland				Baltir	/N	Balt	imore 1	Md.
25M	DHMH - 17 (VR A15 ME (5))	24 FUNERAL DI		ADDRESS Home 650				250	MARES	10.3 R19			ESIGNA FURFOLD	-
		-	-0-0-0-0-0			2.000								

6.	,	1-	FOR STATE
		_	REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
DATE OF DEATH	HIMOM	DAY	YEAR	26 HOUR
	-	01	0	1130

Navidor Randos

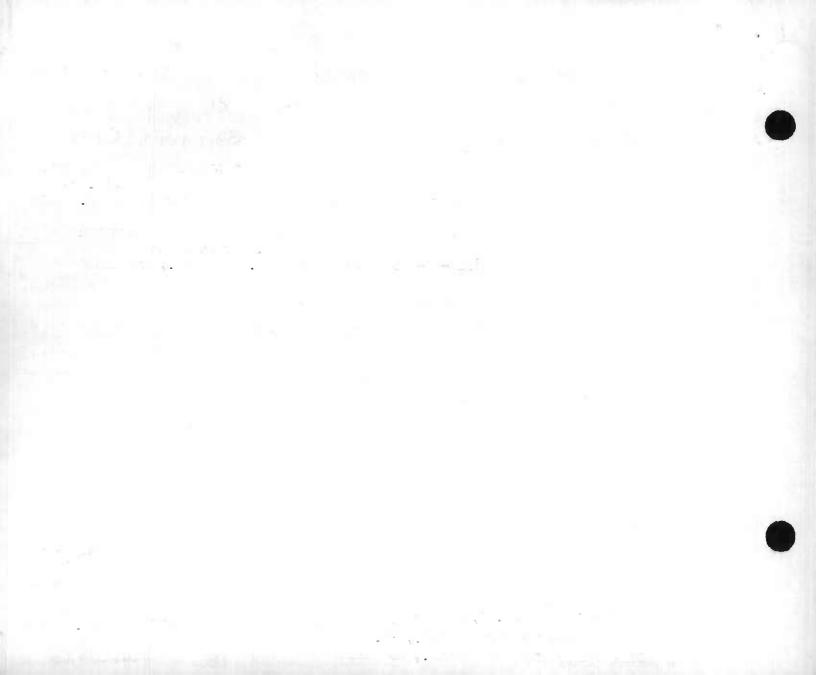
3910					HICAIL OF DEATH	REG. NO.	
	DECEASED NAME	FIRST	MIDDLE		LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1)	YPE OR PRINT)	Amus)		COHEA)	3 8	21 85 113
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70.	BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WHAT CO	DUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
34	MARYLAND		USA	WIDO	WED XXX DIVORCED	BALTIMORS	CITY
10	BALTIM	~ 6	I. NAME OF HOSPITAL		E OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UPHOLSTERER	126. KIND OF BUSINES INDUSTRY FURNITUE
	MARYLAND	13b COUNT		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 6984 MILBROOK	APT. 2A PARK DR. 2121
2 14.	FATHER'S NAME				15 MOTHER'S MAIDEN NA		
a co	MAX			DHEN	RACHEL		REICHTER
	(YES, NO OR UNKNOWN)		ED FORCES? 16h SOC	TIAL SECURITY NO	17 INFORMANT MRS	. EUNICE PUBIN	
med	NO		215-	-03-8959	4753 BYRON R	D. BALTO., M	D 21208
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21215

BALTO., MD

6010 REISTERSTOWN

DHMH - 16 50M 4/83 (VRA 15, 4)



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		CEASED NAME FIRST	MI	DDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
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De po	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS.
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M. month	14- 14			U			Elizabeth	eer		
IMORI n ond . Poges		(AS DECEASED EVER IN U.S. AR ES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES	66 SOCIAL SECT 579-32-0		Catharine W		Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours often this certificate has been signed by the ottending physician and complete fifted in by as the burial-transit permit. Then please remove corbonopopers. Pages I and 2 shourd be filled than death of the state of the burial state of the burial, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSTOUR	ence of ence of ence oh	Renal us clevar	Failure	res	72	MATE INTERVAL INSET AND DEATH
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DHMH-16 30M 2/80 (VRA 15, 4)		neral director tchell-Wiedefe	1d Home.		6500 X	ork Rd. 250. DA	AR 2 6 1085	25h REGISTRA	AR'S SIGNATE	andell

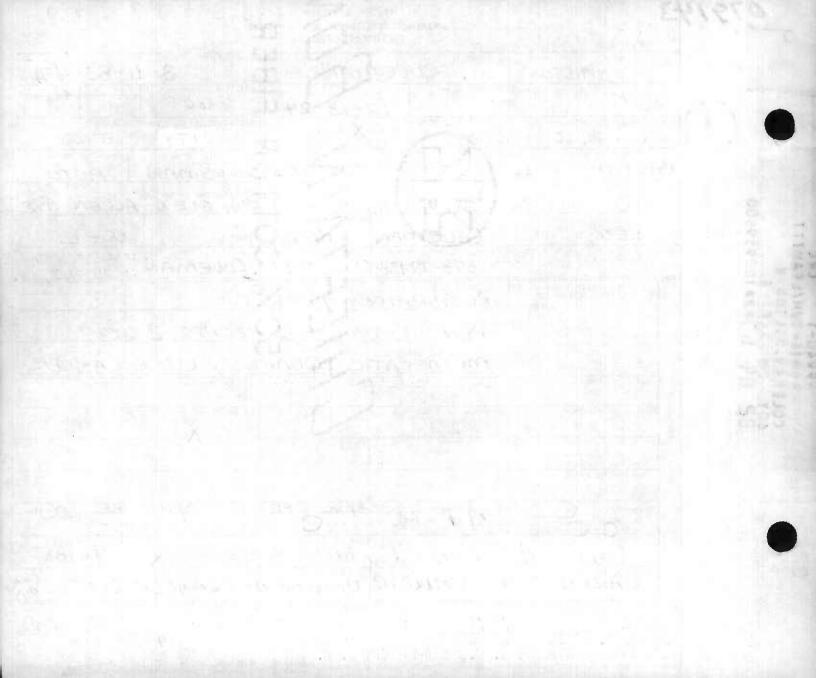
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35,50	3. SE	Y	Lasilae 4. RACE	5. DATE OF BIRTH			IF UNDER	24 HPC			$\frac{3}{18}$	3/ 19 35 AY YEAR					
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J CETT A PAIS	70 B	IRTHPLACE (ST.	ATE OR	16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Y BALTIMORE CITY OR COL									OUNTY O	FDEATH	- 1997-77		
S NECESSARY : PEASE FUNERAL DIRECTO E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET,		MD		USA WIDOWED DIVORCED Baltimore Cit									+17				
RE, MD. 21201 SEATH, IF ANY DELAY IS NEC SES 1, 2, AND 3 TO THE FUN A PM 3. RETAIN PAGE 5 FG AND 2 SHOULD BE FILED. W SONTAL RECORDS. 201 W PM 3. RECORDS. 201 W SONTAL REPORTS. 2	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK										126 KIND OF BUSINESS			
> ESESE 7		D-312	/	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hospital										OR INDUST	IRY		
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BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND I'TH FORM PM 3. RETA PAGES I AND 2 SHOUL IVISION OF VITAL RECO	14. F	ATHER'S NAME		MIDDLE	LAST			15. MOTHER'S MAIDEN NAME				MIDDLE			LACT		
SE SE SE		Micha	el		lema	.eman		Ketrenia "						Knotts			
	16a \	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS									
LTIA PERSONAL I		'ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	N/A			Donald Knotts 2909 Ro					ockrose Ave.				
URS AFTER DEATH. B. GIVE PAGES 1, 2 WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF VITA	FIA										1100						
. 502-		18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:											8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
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PREATE PR		Canditians, if any, which gave rise to immediate (b)															
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=3445°		AT WORK	AT WORK														
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORMA TO FUNERAL DIRECTOR: PAR AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;		22a. I certif	y that I toak charg	e af the remains desc	ribed aba	ve, held an	Autaps	y X.	Inspectia	n .	Inquiry	, and in	my apiniai	n			
NO PER SE		death resulted fram: Natural causes X., Accident , Suicide , Hamicide , Undetermined manner .															
ARY ARY		TITLE (SPECIFY)															
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25M DHMH - 17		UNERAL DIRECT		TO /TT ADDRESS	1 177	Nort:	h As	70	25 PATS	REG'D. BY	RECISHRAR 2	Sh REGISTRA	AR'S SIGN	AHRELEW			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOU! COLEMAN MILTON 4. RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) WHITE MALE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, DC BALTIMORE 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALESMAN 13e STREET ADDRESS / ZIP CODE 2101 GLEN 4 FATHER'S NAME USEI EMAN WAS DECEASED EVER IN U.S. ARMED FORCES? MARSHALL J. COLEMAN 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF TROL FOR HERPES ZOSTER 0539 Conditions, if ony, which gave rise to immediate cause (0), stating the underlying couse lost METASTATIC SQUAMOUS LUNG CAM DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOY NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE is hospital attended the deceased from_ and that in (my) (aur) opinion death accurred on the date and haur and fram the causes stated ATTENDING MEDICAL STAFF UNIVOF MD CANCER CENTER JUDEAN MEMORIAL GARDENS OLNEY, MONTGOMERY, 24 DONALOREMOR STEIN HEBREW MEMORIAL FUNERAL HOME 1250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)



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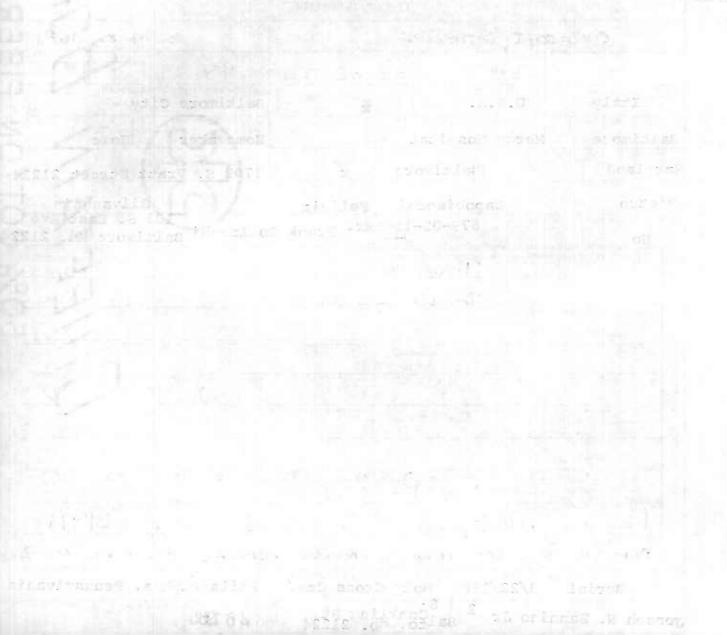
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6090 FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIE
- STATE	CERTIFICATE OF DEATH

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medical		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	1579-055-	1905 D-6	Mr. Frank	Collaco	hi Ba	03 S. ltimor	East e Md	Av.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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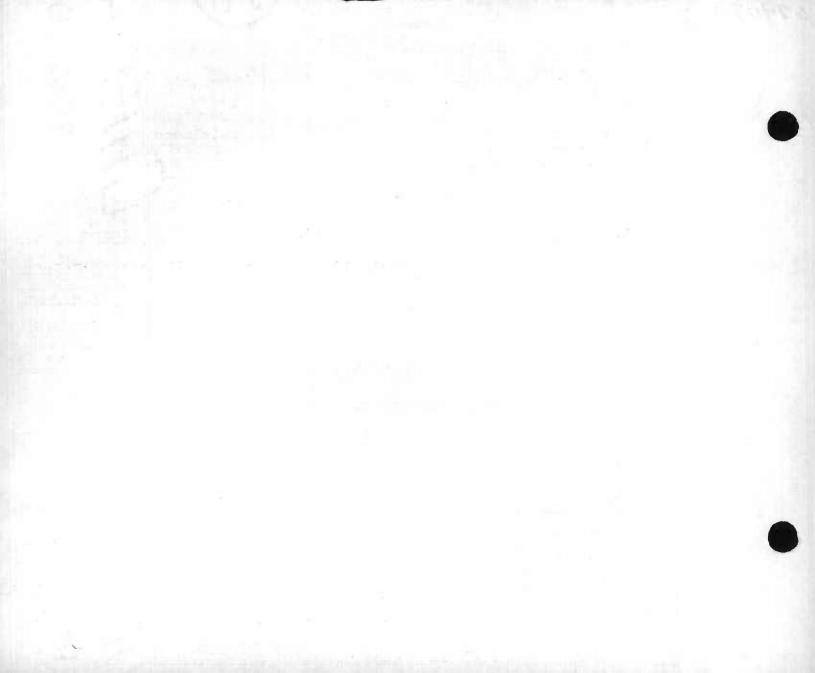
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W. PRESTON STREET,	3. SEX	,	4. RACE	ANTHONY	100		JRAFICI		OF ESTI- DEATH MATED	x 3-2-8	3519	
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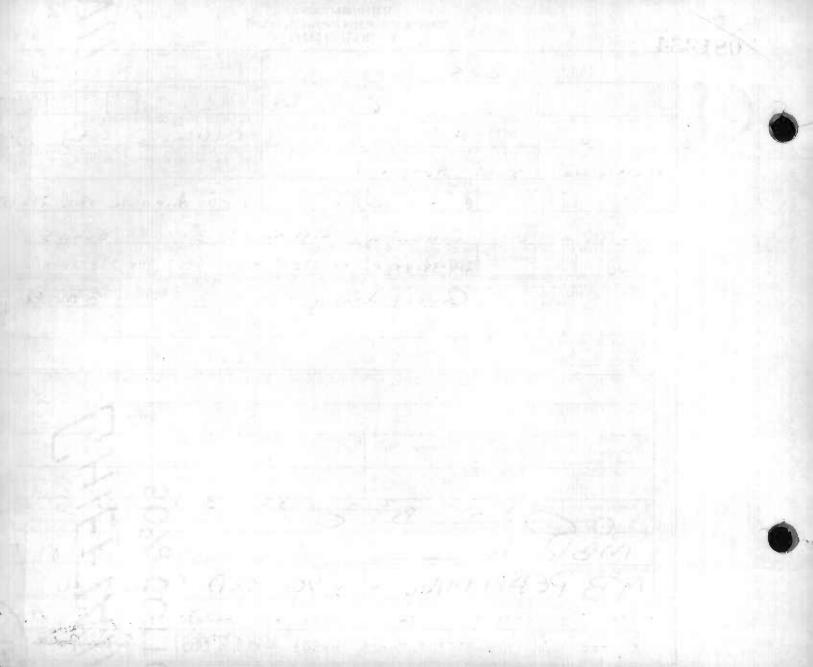
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Baltimore Sample				AARRIED 🗀		MARRIE		FOREIGN 76. CITIZEN	COUNTRY)		3	n 72 h	
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John Terry Bittie Terry Iso John Terry Bittie Terry Iso John	215	Ave. 21	REET ADDRESS / ZIP COD	TY LIMITS? 13e.5		efore admission) OWN LMOTE	Balt.	136 COUNTY	AL RESIDENCE (IF NURSI STATE MD	USU 13a.	Nust be	e 2.	24 hour
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A TOWN STREET, FACTORY, OFFICE, FARM, ETC.)	STATE	PART I OR PART 2}	CITY OR TOWN			19	JR A.M. MONTH P.M. LACE OF INJURY	CAUSE OF DEATH ICAL EXAMINER) RED 21e. PL	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	MEDICAL CE	or Item 18	burial-tran	PHYSICIAN:
sow the deceased alive an February 19 85, and that in (my) (our) apinion death accurred on the date and hour and from the country above, (1) (we) (did (did not) view the body after death.		ur and from the co		. 17	nd that in (my)	9 85 , 01	bruary	(this hospital) attended	220 1 certify that (1) sow the decease above, (1) (we) (d		21 is	for us	
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Si Egg & Micheline McCarthy Johns Hopeins Hospital, Bathmare	Md.	24 Himare	3 HOSPHOU,	s Hopein	John		arthy	unervice	Michel		WPO	should	O HC
BURTAL 3/15/85 Baltimore Cemetery Baltimore,	Md .		Baltimore,	Cemetery	more !	Balti	15/85	REMOVAL 236. DAT 3/1					
DHMH - 16 50M 4/83 (VRA 15, 4) WITH C March F/H 1101 F North 2-10 WAR 1 3 1985	22-	ARS EIGA TO	D. BY REGISTRANTED REGIS	250 DATE REC			ADDI			24	/83	- 16 50M 4/	DHMH -



20012	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
A U5 14		ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
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noy	3. S	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
C (#1)		m	B	MONTH DAY YEAR 42	4/2 YRS.	MONTHS DAYS HOURS MIN.
8 44	70. 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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with with	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION { TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR INDUSTRY
by the		baltimore	Sinai Hus	gital		
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within mine	14, !	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
omple ded	0	William	D. Cona			Evans
e execu	160	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		ADDRESS	
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sicio sicio ppers od.		18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Sign Then to bu	Z	T ANN 2. OTTEN GIOTAL CALL	OND THE CONTINUE TO THE	or the received to the rem	THE DISEASE ON CONDINON ON	EN WITHIN TO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN: The low requires that the death certificate be executed within 24 hours in other ordinary physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by as the burial transmitted in the medical examiner, mist be not orked or them 18 shows any injury, or other traumatic event, the medical examiner, mist be not orked or them 18 shows any injury, or other traumatic event, the medical examiner, mist be not organized.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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OR AT OR AT DIRECT Sched fi		226. SIGNATURE	1	DEGREE	ALEDICAL CTAFF	22c. DATE SIGNED
		INBAS	william.	PHYSICIAN	MEDICAL STAFF	3-11-85
= 0 111 015 5		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	- 0 0	00
		114 K 46	PARCINAN	00/1 m	050 (C)A	27 14)
Of Of MAN	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		BURIAL		ng Memorial Par	k Randallstown	n . STATE
	24.	FUNERAL DIRECTOR		25a. Q.A.		PAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	V	m CM March F/I	H Inc. 1101000EE	North Avenue M	AR 1 2 1985	vavidoon-Nanatac



		VELMA	ELY	CONE	20. DATE OF DEATH MONTH DAY YEAR S SS	26. HOUR
	1.51	F	RACE	5. DATE OF BIRTH	9342 YRS. MONTHS DAYS	IF UNDER 2
12 25	n	valrose	b. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	9. BALTIMORE CITY BALTIMORE CITY 126. USUAL OCCUPATION 126. KIND OF	DICALE
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MECTOR And Section 1991		sow the deceased alive on obove, (I) ((did) (did) (1) (27b. SIGNATURE	view the body ofter death.	ond that in [my] Opinion	death accurred on the date and hour and from the co	ouses sta
FUNEAL D FUNEAL D ORTANT. #		SUSAN M 22d PHYSICIAN'S NAME (TYPE OR SUSAN M	PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 3/5	185
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TO HOSPITAL OR ATTENDING PHYSICIAN The retoined by the hospital or attending physician.

2.8	/	FOR	0		EALTH AND MENTAL HYG	C Guar	U	die	1 4
1	1.	STATE REGISTRAR			ICATE OF DEATH				
6	1 1000	UP TO THE TOTAL CO.	WIDDIE		AS1	REG. NO	MONTH DAY	YEAR	6) .110.110
2		EASED NAME FIRST	MIDDLE		ASI	2a DATE OF DEATH	_		2b HOUR
06		Lin21	e R.		onley		3 28	85	400
	1. SEX	The state of the s	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	HOURS
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8	74.00	ETHPLACE CELLS CHRONION	76 CITIZEN OF WHAT CO	UNTRY? 8	D X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	EATH	
55		KY	U.S.A.	WIDOWE		Bultim	no Ci	ta	
2	III. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		12a USUAL OCCUPATIO	ON 12	b. KIND OF	BUSINES
8/2		Ballinger		MUPE GCIZ	al Haspital	Boiler Make	ORXINGHIEF IN	hin F	Build:
9	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN		ral Hospital	, and a state of			2123
50 L	13a S	TATE 13b CO	UNTY 136. CITY O	DRIDWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	1 (1	61.
e -	14 54	THER'S NAME	Da	1timure	YES NO 15 MOTHER'S MAIDEN NA	1 48 E	Kuna	u]	ST.
Ullus	IS FA	FIRST	MIDDLE	AST	FIRST	MIDDLE		LAST	
OC &		George		onley	Verna			Coc	pper
dico		AS DECEASED EVER IN U.S.	GIVE WAR OR DATEST	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		/
ae /		No	407	18 8738	Opal L. Con	ley Same	as 13e		
¥.		18 CAUSE OF DEATH (Enter	anly ane cause per line for ta	, (b), and ic	Λ	,		APPROXIA	MATE INTERV
le D		PART I. DEATH WAS CAU	SED BY.	dis pulmo	mari Hre	ct			
6	1 8	IMMED	IATE CAUSE 10)	00.0 100	mary min	2.1			
mo#			DUE TO, OR AS ACO		EI	^			
200		Canditians, if any, which	(b) Re	spirato	ry lailu				
her		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF	1 1 01	in			
0 .0		underlying couse last.	(d) Chro	nic Obs	tructure rull	nonery Whole	re		
7.	_	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 11a	
5	CERTIFICATION	Cerebru	ascular al	ccident					
ony	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WE		
× 7	Ē	2/4/85	Urivery	Reten	tion	YES NOT	IN CERTIFYING	CAUSES	NO T
S sho	ER	21a ACCIDENT WAS UNDERLYING		100 (01)	21c. HOW INJURY OCCUR			OR PART 2)	
~ 64			HOUR A.M. MON	TH DAY YEAR					
F /	7	OR CONTRIBUTING _ CAUSE OF							
Heal /	ICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19	AN LOCATION				
d or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI			211 LOCATION STREET	CITY OR TO	VN C	OUNIY	STA
orked or flem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	P.M. ZIE PLACE OF INJURY			CITY OR TOV	VN C	OUNIY	STA
s morked or flem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 218 PLACE OF INJURY 1 AT HOME STREET FACTORY spital attended the decegsed	OFFICE FARM ETC)	STREET	city or toy	VN C	OUNIY	STA
Z1 is morked or flem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 218-PLACE OF INJURY LATHOME STREET FACTORY spital Jattended, the decegsed	OFFICE FARM ETC.)	STREET	. to march	28 . 19	85 . 1	hat II (we
em 21 is morked or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 218 PLACE OF INJURY 1 AT HOME STREET FACTORY spital attended the decegsed	office farm etc.) I from February 19 55 , or	STREET 19 85	. to march	28 , 19_te ond haur and	from the c	ha (II (we
If them 21 is marked or them	MEDICAL	LIFETTHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) this ho say the decreased give above (I) (we) (did) did	P.M. 218-PLACE OF INJURY LATHOME STREET FACTORY spital Jattended, the decegsed	OFFICE FARM ETC) I from February 19 55, or	STREET 19 75 and that in (my) (our) opinion DEGREE ATTENDING	, to March depth accurred on the do	28 , 19 te ond haur and	85 . 1	ha (II (we
INT: If Hem 21 is marked or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) this ho saw the deceased give above (I) (we) (did) did 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY 1 AT HOME STREET FACTORY spirital pattern decidents and pattern decidents and pattern decidents.	office farm etc.) I from February 19 55 , or	STREET 19 9 5 nd that in my (our) opinion DEGREE ATTENDING PHYSICIAN [to March death accurred on the do	28 , 19 te ond haur and	from the c	ha (II (we
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IMPORTANI: If Hem 21 is morked or Hem	23a B	LIFETTHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOTIWHILE AT WORK 22a certify that (1) this ho saw the decreased give above (1) (we) (did) did 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYP	P.M. 21e. PLACE OF INJURY INITIAL HOME STREET FACTORY spital Dattended, the deceased on March 28 notiview the body after death Registrian Neufeld	office farm etc) I from February 19 85 , or	STREET ATT BY STATE OF THE STREET ATTENDING PHYSICIAN	, to March death accurred an the da MEDICAL STAF DIRECTOR PHYSIC	te and hour and	from the c	ha (II (we

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

DHMH - 16 50M 4/B3

(VRA 15, 4)

IF UNDER TYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BALTO CITY 17h, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired - B&O Railroad 13e STREET ADDRESS / ZIP CODECatonsville, Md. 1250 Pleasant Vally Dr. 21228 McDivitt ADDRESS Same as 13e. RUNCHUPNEUMONIA, ACUTE LEFT LUNG PULMUNARY SEVERE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 900 S. Caton Ave. Balto. Md. Burial 3/12/85 Morningside Cemetery Dubois Pennsylvania BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO 1630 Edmondson Ave Catonsville, Md. 21228 EREC'D. Leroy M. & Russell C. Witzke Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

26 HOUR

4:00

09

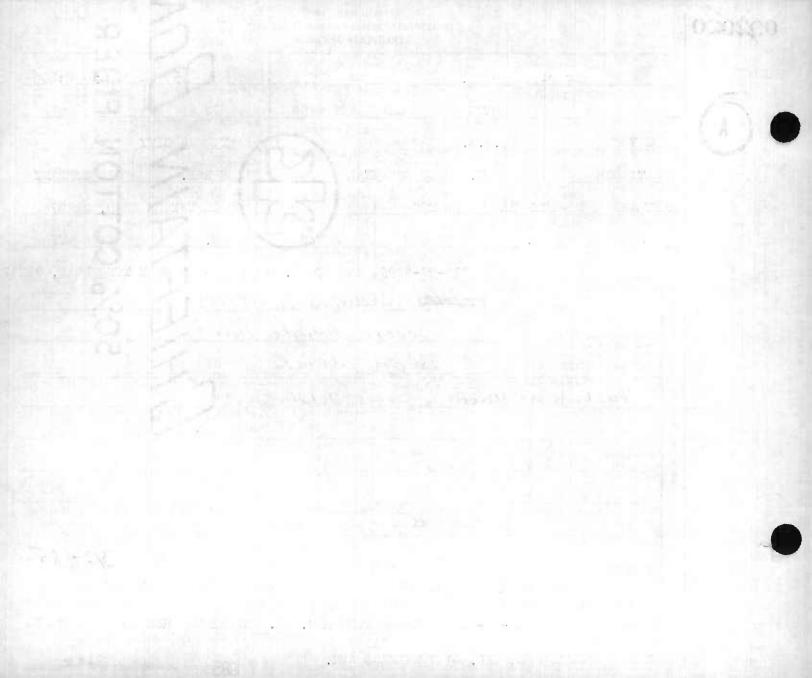
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3	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GIENE S REG. NO.	7 4 0 6
098073		CEASED NAME	FIRST	WIDDLE	_	AST	20. DATE OF DEATH MOR	NTH DAY YEAR 26 HOUR
and by	3. SE		onnetta 1. RACI	M. White	S. DATE C		March 30, 6. AGE (IN YEARS LAST BIRTHDA	YE IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
Jeesth. Pog	///	RTHPLACE (STATE OR FO	REIGN 76 CITI	ZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	Baltimore city or c	OUNTY OF DEATH
by the fu		Baltino Re AL RESIDENCE (# NURSIN	(16.1	835 Wilhe	Im St. Ba	to.M.21223	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Student	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
filled in thought be	130	aryland	3b COUNTY	13c. EJTY 9F		13d INSIDECITY LIMITS?		r CODE Balto. Md. 2122
ompletely on the state of the s		Noble		LAS	ī	15. MOTHER'S MAIDEN NA	a — La-	Allen
be execu		VAS DECEASED EVER IT YES, NO OR UNKNOWN) NO	U.S. ARMED FO	DATES	SECURITY NO. 86-2265	Mr. & Mrs.	Noble Connad,	Same as Above
physicic physic ph		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one of S CAUSED BY. MMEDIATE CAUS	10	b), and (c).)	Ty Ane	x	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cei		Conditions, if any,	which (DE TO, OR AS A CON:	SEQUENCE OF	injuntal /1	Cent Drie	n B120h
ING PHYSICIAM: The low requires that the death certificate be executed within 24 hor oftending physician. When this certificate has been signed by the ottending physician and completely filled in osithe buriol-transit permit. Then please remove carbon papers. Pages alond 2 should be the ond Memal Hygiene prior to buriol, cremation, ar removal. orked or hem 18 shows ony injury, or ather traumatic event, the medical exemine and should be a content of the content of t		gave rise to imme cause (a), stating underlying cause		(c)	SEQUENCE OF			
equires n signed Then ple	NO	PART 2. OTHER SIGN	FICANT CONDIT	UN FO	STODEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
he low roon. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATI	ON 198	. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 IN	I. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ICIAN: T B physici entiticate iol-trons atol Hyg	1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IE EITHER NOTIEY MEDICA	USE OF DEATH H	OUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)
G PHYS offending for this of s the bur hed or the	MEDICAL	21d INJURY OCCURRE	D 21e	PLACE OF INJURY HOME, STREET, EACTORY, O		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Afi for use o of Health		22a.1 certify that (1) (saw the deceased abave, (1) (we) Jet	this haspital) atte	ended the deceased f		d that in (my) (our) opinion	, ta, ta death occurred an the date of	. 19, that (I) (we) last and have and from the causes stated
AL OR A the hos AL DIREC etoched te Dept.		22b. SIGNATURE	2	m	Me	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL TO FUNERAL should be de with the Stati		22d. PHYSICIAN SHA	EMY	MAI	m	SUD N 1	Rolly Rel	Balt 21228
BP		BURIAL, CREMATION, R	1	.4,1985	r 1 .	emetery or crematory emetery	23d OCATION GUYOR TOWN	West Virginia
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR	and Home	2 130 E FO	RESS Ave. B		PR 2. 1005	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

Server of the Control of the Control



STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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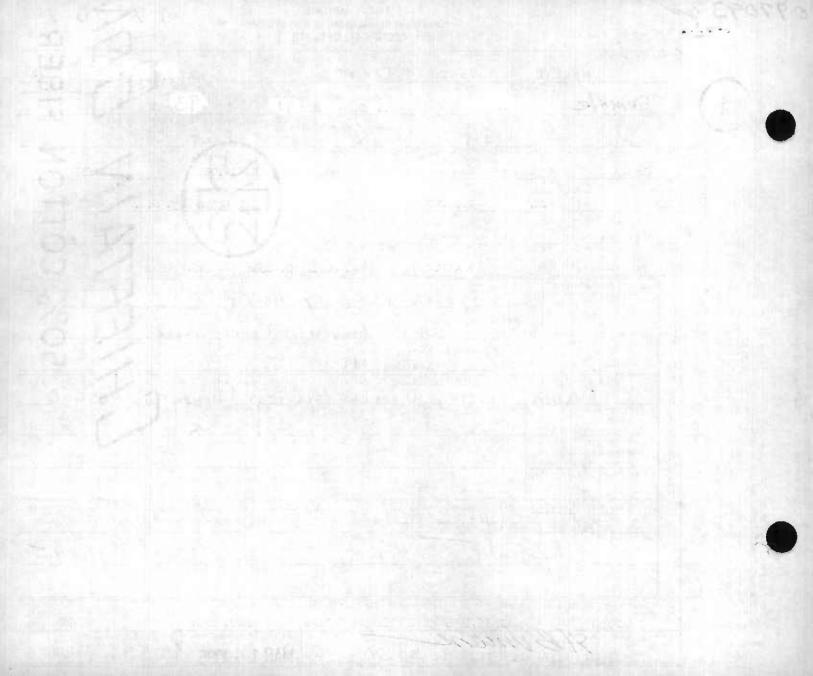
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President of the state of the s



978037	/				STATE OF MARYLAND	8 5 0	7 4 1 0
	3	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIERE J	
100			REGISTRAR			REG. NO.	
200			CEASED NAME FIRST	MIDOLE	LAST L	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
d deoi			Kuth	Vane	COOK		12 85 900 AM
m Herring		3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4			Female	Black	APPIL 19. 1911	73 YRS.	
Pod Pod	e .		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
deoth unero	100		N.C.	71.5.17.	WIDOWED DIVORCED	Bakimon	CITY MD
offer dea	ed	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS) CANCEY	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
soft by th	1 Stiffed	1	32/timpre	FRANCIS SCOTT	Key Nedica!	LAMNINESC	LAILNANY
e in our	pe	USU	AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY OR TOW		Lia CTOSET ADDOSES / ZID COD	
24 h 24 h cold b	25	134.	Md.	B2/+0		130.STREET ADDRESS / ZIP, COD	AVP. 21713
thin thin 2 sh	i e	14. Fa	ATHER'S NAME		15. MOTHER'S MAIDEN NA		11 6101012
omples	E C		14/1/12M	MIDOLE LAST .	la Fernalia	WIDDIE	Ponny
M 5 0	0	16a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	1.67:117
A Pogo	medico	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	2008 FCADILAR	DV1021F. LAF	2 Vetro Avo
BALTII sofe be spers. I	The state of		IL CAUSE OF DEATH S.	nly one couse per line for (a), (b), on	BOOK FOREITAGING	1.1/0301-1001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physicop novo	ent,		PART I. DE ATH WAS CAUSE	DBY:	4-0-00		BETWEEN ONSET AND DEATH
S B B B B B B B B B B B B B B B B B B B	c ev		IMMEDIA	TE CAUSE (0) CARDO (CES)	TICATORY AICEST		
PRESTON ne deoth c ne ottendir motion, or	E E			DUE TO, OR AS A CONSEQU	ENCE OF '		
mover of the cost	trou		Conditions, if ony, which gove rise to immediate	(b)			
> = ====	ther		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
201 V	0			(c)			
	Jury.	z	A A	~!-	DEATH BUT NOT RELATED TO THE TERM	1 1	
Iow required to be signered to be prior to be	<u></u>	CERTIFICATION	MEETED DE	CUBITI DIGB	OPERATION WAS PERFORMED	Value AUTOPSY? 1206. IF YE	i/une s, were findings used
nos brongerm	50 5	5	DATE OF OPERATION	198 CONDITION FOR WHICH	OFERATION WAS FERFORMED	IN CERT	IFYING CAUSES OF DEATH?
TAL The The The The The The The The The The	og -	E	21a, ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	1214 HOW INTURY OCCUR		ES NO
PHYSICIAN: Ti ending physicia this certificate te buriol-transifiad Mentol Hygii	00 07		OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SIC serior oriol	= /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
	o p	NA NA	21d, INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY
Or off	orked		AT WORK NOT WHILE				
ATTENDIN Suppled or SECTOR: Africe of for use of the offit.	E		22a I certify that (1) (this hosp	ital) attended the deceased from	MARCH 6 19 Y), to much 12	19_55 , tho (b) (we) lost
R ATTEN hospitol RECTOR ned for u	n 2 3		obove, (I) (we) (did)) did no	ot) view the body ofter death.	, one that in strip (out) opinion	death occurred on the date and ha	ur and from the couses stated
O P P P P P P P P P P P P P P P P P P P	# #		226. SIGNATURE	111	DEGREE	MEDICAL CTAFF	22c. DATE SIGNED
TAL O y the RAL D detocl	=		Rater M.	Chambless	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	march 12,85
HOSPITAL sined by th FUNERAL wild be detall th the Stote	TA I		224. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	C 1/ 12 1	
TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State I	MPORTAN		KAREN N	1 CHAMBUSS	MD Mancis -	Scatt Key Mlovic	al CONTER
O a D a g	3	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP			Bil. NI21	3-18-85 B	tumprelemeiery	Bakinne	COUNTY
DHMH - 16 50M 4	/02	24 F	JNERAL DIREGIOR	1 2 2 4		TE REC'D. BY REGISTRAR 25% REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	/63		NAME KAMPARALA	LEATTE JUZI	E. Olyon St. M	AR 1 8 1985 Februar	Davidson-Aandalle
			UVVV PERMIT	11 4 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 0 200 600 200	"	

Party Byoth Make The late of the December of the State of the Silver Bridge Street Strategy DO THE STREET SOCIETY STEET STREET, STREET STREET, STR BUSINESS OF THE PROPERTY OF THE PARTY

18/21	FOR	1	STA DEPARTMENT OF		ARYLAND AND MENTAL H	YGIENE ()	7 4		
	STATE REGISTRAR		DICAL EXAMIN			FDEATH	G. NO.		
	ECEASED NAME FIRST		MIDDLE	L	AST	20. DATE KNOW	N X MONTH	DAY YEAR 2b. HO	UR
1	YPE OR PRINT) Gleni	n I	Harp	Cool	kerly	OF ESTI-	□ 3/	17/19 85	N
3 S	EX 4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNI	DER I YR. IF UNDER	24 HRS. 2c. DATE	нтиом	DAY YEAR 24 HO	UR
12	ale Caucasi		00 85 yr	· moraliti	DATS	DEAD	3/1	17/ 1985 A	
.70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE		8. MARRIE	D NEVER MARRI	IED 9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	П
1	Maryland	U.S		WIDOW		DOLL CLING.			ND.
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME	E, OR OTHE	RINSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUSTRY	
1118	Baltimore JAL RESIDENCE (IF IN NURSING HOM	522 Har	wood Ave.			Bookeeper	IM.	lanufactur	e
	STATE 136 COL		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7	07.07.0	
_	Maryland		Baltimo			522 Harwoo	a Ave-	.21212	_
	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME MIDDLE	Sec. 1-4	LAST	
160	Villiam WAS DECEASED EVER IN U.S. A	E.	Bookerl		Annie	77 7 ADD		Harp	_
1	(YES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-03-3			Glen Burn E. Cookerly	1418	Rowe Driv	70
H	18 CAUSE OF DEATH (Enter	only one cours per line		400	VIIII I	L. COOKELLY	7-170	APPROXIMATE INTERVAL	
	PARTICEATH WAS CALL	ED BY		and C	arbon Mono	xide Intoxic	ation	BETWEEN ONSET AND DEA	TH
	IMMED		AS A CONSEQUENCE		albon Mono	Aide incoluce	acton_		-
	Conditions, if any, whi							Mary Land Tel	
	gave rise to immedia couse (a) stating the under		AS A CONSEQUENCE	OF					-
	lying couse last.	(6)							
1,	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
CERTIFICATION	19g. DATE OF OPERATION	Tigh CONDU	ION FOR WHICH OPER	ATION! W/	C DEDECORMENS			1	
2 5	IN. DATE OF OFERATION	178 CONDI	ION FOR WHICH OFER	ATION WA	S PERFORMED!			20 AUTOPSY?	
	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HO	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	YES NO	1
			MONTH DAY YEAR	3					
MEDICAL	216. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,	21f. LOC		ouserrre			_
	WHILE AT WORK		ORY, FARM, ETC.)		Harwood A	ve., Balto.	City. Mc	NTY STATE	E
0							-		-
	22a. I certify that I taok cho			Autopsy			and in my opi	nion	
	death resulted fram: Na	tural causes	Accusent X, So	kide	Homicide	Undetermined monner			
	ACTUAL SIGNATURE	MINON	Mist		Dep. Chie	of uspicus	DATE	3/17/85	
つ	SIGNATURE	40		M.I	DEP. CHIC	MEDICAL EXAMINER	SIGNED)	_
para e	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. S	Smith, M.D.	A	DDRESS11	1 Penn St.			
230	BURIAL, CREMATION, REMOVAL		23c NAME OF CE			23d LOCATION	COUNT		=
	Burial	3/20/85	Druid R	idge	Cemeter	y Pikesvill	Le Bal	Ito. Md.	
	FUNERAL DIRECTOR				[25g-DATE &	REC'D BY REGISTRAR, 254	HEGISTRAR'S SK	GMATURE	
R	aymond C. Fi	nk Glen E	Burnie, Md.	210	61	THE MED HOLK	translates	1	

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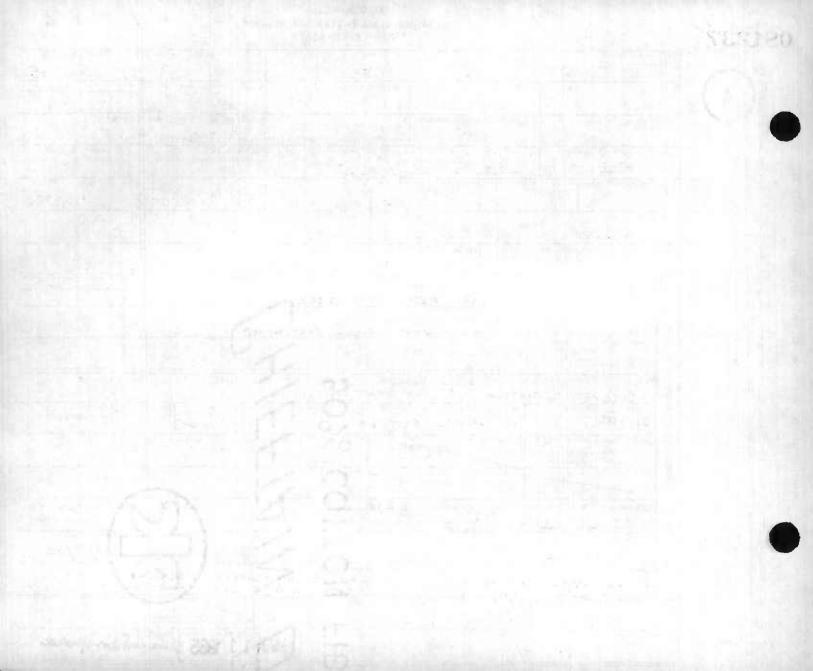
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME LAST MONTH YEAR 2b. HOUR FIRST (TYPE OR PRINT) 85 EART. M. COOPER 0545 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 3 7 YEAR Black 48 Male BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 501 E. Presto 13d INSIDE CITY LIMITS? Baltimore E. Preston St. 21202 MD YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE William Mary Carev Cooper ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-32-5944 Rita Cooper 501 E. Preston St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO-RESPIRATORY ARREST DUF TO, OR AS A CONSEQUENCE OF COLON CARCINOMA (b) MALIGNANT Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION COLOVESICAL FISTULA, URINARY TRACT INFECTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2/19/85 COLD VESICAL FISTULA NOM NO F YES 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONIN-CIAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 10 TH-TOCATION ž THE INJURY OCCURRED TIE PLACE OF INJURY COUNTY TIY OR TOWN STATE (AT HOME STREET FACTORS DESIGNATED TO WHILE ST WORK C 22a I certify that (this hospital) attended the deceased fram. 85 saw the deceased alive an. and that in (mu) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (www) (did) (didnet) view the body after death 226. SIGNATURE 22c DATE SIGNED DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b PORT 201 E. UNIVERSITY PARKWAY WALLICK 2/2/8Union Memorial Hospital MO 231. NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION REMOVA COUNTY MD Baltimore 3/14/85 Cremation Westview Mem. Pk

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

Grena Davidas



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

088035 ⁹	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 CERTIFICATE OF DEATH						3
0		CEASED NAME FIRST ROSal		O.	Co	oper		DAY YEAR 26 HO	OUR P. M
	3. SE	Х	4. RACE		5. DATE O	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UN	DER 24 HRS.
H #5		Female	White			13 1909	75 YRS.		
1 25		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	(# NOT IN SUCH FACILITY, GIVE STREET Union Memori				Baltimore CITY or COUNTY Baltimore	MD.	
the track of the t		Baltimore					12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Cashier		ater
tilled in 182	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Md.	OTHER INSTITUTION, G	Baltim	ore	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	3563 Dudley	Ave. 212	213
completely completely cological		ATHER'S NAME FIRST Lawarnce WAS DECEASED EVER IN U.S. AR.		Lewis 66 SOCIAL SECU	RITY NO.	15. MOTHER'S MAIDEN NA FIRST Nellie 17. INFORMANT	MIDDLE	Mulliki	n
re be restition and speeds. Popularies the medical	n		E WAR OR DATES)			Carroll C	coper (husband	approximate in	
ss that the death ce red by the attendin plesse remove carb priol, cremation, ar is, or ather froumatic		Conditions, if ony, which gave rise to immediate cause [0], stating the underlying cause last.	(b)	AS A CONSEQUE AS A CONSEQUE Deep	10/10/		s	amor	iths
en signed Then plur or to buria	NOIL						NINAL DISEASE OR CONDITION GIV		
The law re- ician. te has been sit permit. If	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH	OPERATION	WAS PERFORMED	YES NO YE		SED EATH?
HYSICIAN: T ciding physicians are certificate burial-transfer Mental Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M P.M 21e PLACE O	. MONTH DA	19	211, LOCATION	RED (ENTERNATURE OF INJURY IN ITEM) 8 F	COUNTY	STATE
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and camplities tillian in by a six the buriothernast person. Then please remove carbonappers. Pages I and 2 thatild is liable hand Mental Hygiene priar to buriol, cremation, ar remaval. marked or Item 18 shows any injury, or other fraumatic event, the medical equipment in the base.	W	WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hopping)		deceased from_		STREET 19 82		19.55 that {	
by the hospital by the hospital ERAL DIRECTOR. State Dept. of He State Dept. of He ANT: If Hem 21 is		saw the deceased olive on above, (1) (we) (did) (did no 22b. SIGNATURE CMAWM	t) view the bady a	10 19 fter death.	2 5 , and	EGREE ATTENDING PHYSICIAN	deoth accurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN		stated
TO HOSPITAL etained by the TO FUNERAL should be det with the Store		Dr.	Rosentl	hal		27e ADDRESS Brehms	Lane Med. Cer	nter	La pl
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/27/			METERY OR CREMATORY By Valley	234 LOCATION CITY OR TOWN Baltimore	county	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

^{24 FUNERS C}IFFIMunek Funeral Home, Inc. 3331 Brehms Lnane, Balto. Md.

Baltimore Md.

r deot

- STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 85 3 12:07

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ourial, crematian, or removal	or other traumatic event	
to burn	injury. o	

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I. DECEASED NAME FIRST TYPE OR PRINTE 29 COPE HARRY 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR 5. DATE OF BIRTH 3 SEX YEAR MONTH 1918 WHITE MALE To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORTH CAROLINA U.S.A. BALTIMORE CITY DIVORCED [WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ST. AGNES HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE BARBER N.S.A. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 130 STATE BALT IMORE 13d INSIDE CITY LIMITS? RIVERVIEW MARYLAND 801 REGIS COURT 21227 15. MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE LAST S. WALLACE COPE JANIE CHARLES H. ADDRESS WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17 INFORMANT ARMED FORCES YES 241-05-3566 Gerald Suther 1891 Lakeland Dr. 21048 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to herosclero Canditions, if any, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hemia. ancyTope 190 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 201 F YES, WERE FINDINGS USED 20a AUTOPSY? M CERTIFYING CAUSES OF DEATH? YES NOT YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. and that in (my) (aur) opinian death occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 276 PHYSICIAN'S NAME ITYPE OR PRINT Done 73c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 4/1/85 Oakwood Cemetery Concord Cabarrus BURIAL PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229

DHMH - 16 60M 7/B4 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

N.C.

STATE

		FOR STAT REGI	E STRAR WT	T.T.TAM	MTCHAE		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	74	15	
88		1 DECE ASE	D NAME ill		Aichael Coughlin Sr.			3/2/85	DEATH MONTH	DAY YEAR	26 HOUR 5:25P.		
A	Y	Male		White		S. DATE OF BIRTH March 11, 1906		6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS			
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ith and N		AT WO	RK ATWO	HILE D		OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
D E		220	anneite should	Vahia hazada	-1) -444-4 44.		The same of the sa	10 07	. (M	Aniv)	- 10 M		

and that in my

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

DEGREE

TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of Hea etoined by the hospitol TO HOSPITAL IMPORTANT: BP. DHMH - 16 60M 7/B4

If Hem 21 is

226. SIGNATURE

Burial

23a BURIAL, CREMATION, REMOVAL

Leroy M. & Russell C. Witzke Euneral Homes P.A. 1630 Edmondosn Avenue, Catonsville, Md. 21228 (VRA 15, 4)

23b. DATE

3/6/85

sow the deceased alive on march 2 obove (1) (we) (did) (did not) view the body after death.

Dorsey Meadowridge Memorial Pk. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE wie Davidson-Randale

23d. LOCATION CITY OR TOWN

MEDICAL

(our) opinion death occurred on the date and hour and from the causes stated

Baltimore, Md.

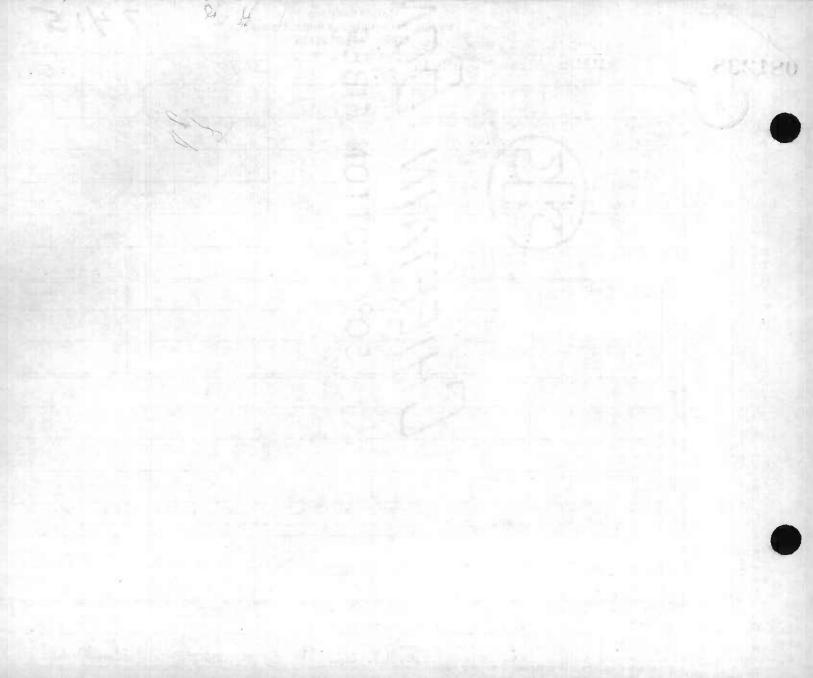
STAFF

DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

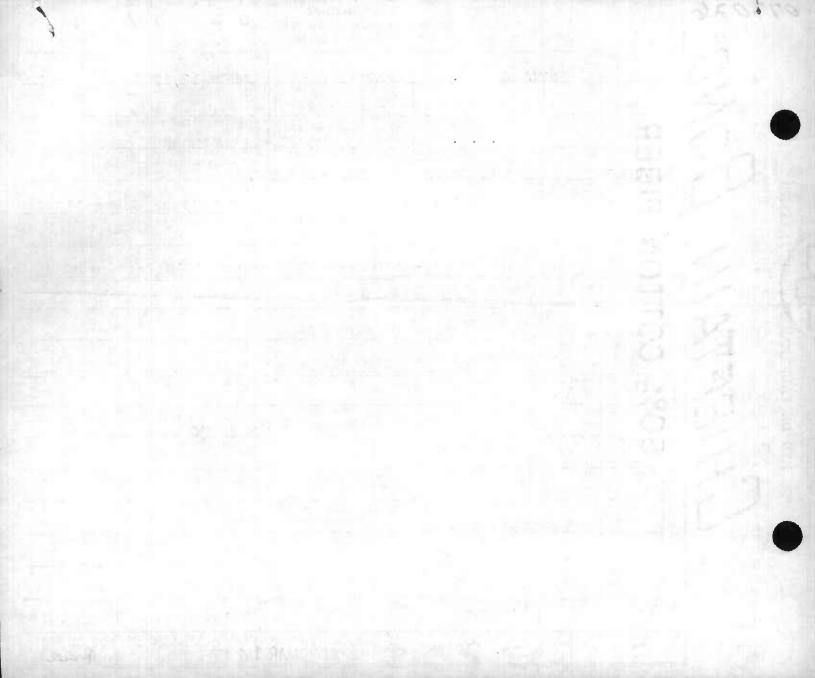
COUNTY



080036	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 7 4 6
1	1. DE	REGISTRAR CERSIPICATE OF DEATH REG, NO. CEASED NAME - EIRST MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEAR 26, HOUR
1 (1B)	3. SE	NORMA E. CRABB MARCH 14485 M X 1 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) UNDER 1 YEAR IF UNDER 24 HRS
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n. os beer permit. ne prior	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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G PHYSI of PHYSI of this ce the buri	MEDICAL	21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
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TO HOSE retoined TO FUNI shauld by with the IMPORTA	73a	MIND MEMORAL 236 DATE 236 NAME OF CEMETERY OR CHEMATORY 236 LOCATION CITY OR COUNTY STATE
BP DHMH - 16 50M 4/83	h	WARCH 18 1985 DRUID RIDGE T3a 140 Md 21222 UNERAL DIRECTOR 1 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	140	TMONS L. KACZOROWSKI 2525 FLEET J. MAR 1 9 1985 Gratia Davidson-Randale

TEMPLE LUKITE Tek 11913 LITE Willer U.S. A. C. A. C. Edition of City TRACTOMERCE TOP SOPROT STA PRINTERIUM ER MD FATHER Y YEAR S. FOR ST. SER 287327 Threes l'Estantisis sous fait het Present MAKHING Dein Kince " Son Committee "

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	7	4		3. SE)	Female	4 RACE	ack	MONTH 2	DE BIRTH 27 47	6. AGE LIN YEARS LAST BIR	MON	THS DAYS	HOURS MIN.
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2	m	100	50		TY OR TOWN OF DEATH	(IF NOT IN SE	ICH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		126. KIND O INDUSTRY	F BUSINESS OR
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MARYLAND 2120 FREEMAN		and 211	00	14 FA	THER'S NAME Charles	WIDDLE	Jones		15 MOTHER'S MAIDEN NAM	WIDDIE		Jone	S
	ecute	es l		160 V	AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SEC	JRITY NO.	17. INFORMANT	ADDRE	SS		
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NON M	G PHYS!	s the buri and Mer		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE.		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
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	D F	7 43 <u>₹</u>		230 B	urial, cremation, removal URIAL	3/16	/85 B	NAME OF C	EMETERY OR CREMATORY ore Cemeter	y Ba'lt'imo	re, °	DUNTY	Md. STATE
		16 60M 7/ RA 15, 4)	В4	24 FU	neral Director m CME March F/1	H Inc.	110 PDREZ	Nort	h Avenue MAR	RECD. BY REGISTRAR		don-A	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

CRAWFORD

5. DATE OF BIRTH

REG. NO 20 DATE OF DEATH 26. HOUR March 22, 1985 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYFAR IF UNDER 24 HRS

	Fe	emale	White	Jul	y 3, 1889	95	YRS.			
5	0	RTHPLACE (STATE OR FOREIGN OUNIRY)	76 CITIZEN OF WHAT COL	MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore City,				
)	Bal	ty or town of death timore	11. NAME OF HOSPITAL, LE NOT INSUCH FACILITY, GE 3612 Eastwood	d Drive	DR OTHER INSTITUTION		ON 12b KINE INDUSTI WORKING LIFE) INDUSTI Urse Balto.			
5	13a. S	AL RESIDENCE IF NURSING HOME OF TATE 136 COU		RTOWN	13d. INSIDE CITY LIMITS? YES X NO		ZIP CODE twood Drive	21206		
Par	14. FA	THER'S NAME Charles Ed	ward Utermo	ohle	15. MOTHER'S MAIDEN NAME FIRST Mary	ME	Dro	han		
	{Y	Ma	IVE WAR OR DATES)	4-8154	Mrs. Gracel	ynn Lange		3 E		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ED BY: (TE CAUSE (o) DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c)	NSEQUENCE OF	Caro					
	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES			
-00-	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR						
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	wn COUNTY	STAT		

23e BURIAL, CREMATION, REMOVAL

Burial

saw the deceased alive an

STATE

1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

REGISTRAR

GRACE

4. RACE

C.

220.1 certify that (1) (this haspital) attended the deceased fram.

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated DEGREE

Woodlawn

22e ADDRESS

DIRECTOR PHYSICIAN

COUNTY

Walter B. Koppel. M.D.

E. Northern Parkway 23E NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

should be detached

MPORTANT

DIVISION OF VITAL RECORDS, 201

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Md.

March 26,1985

236. DATE

Baltimore. Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

MADOC

Este on doans -.0 E099D (A), Friends ture fyrale and the committees Web. Nurse Malbo. City avin bunded one Sherd Discoults no frada 2" -'--" Sage as line of the sage as line

mar 1 nov Bent, be deres 4 deinul

Leonard F. Lack, Inc. 1181 Simore, 14.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	1	64	7
_		100	 ,

091001.6	FOR 1 - STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S O 7	4 1 9		
1 7	1. DECEASED NAME FIRST [TYPE OR PRINT] HI	LDA C.	CRAWFORD	MARCH ZZ	985 12 5 M		
	3. SEX Female	* RACE White	July 12, 1894	0 1102 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. WIHS DAYS HOURS MIN.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a BIRTHPLACE (STATE OR FOREIGN Virginia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF BALTIMORE	F DEATH MD.		
by the filled with	BALTIMORE CITY	11. NAME OF HOSPITAL, NURSIN (IF HOLM SUCH FACILITY GIVE STREET UNION MEMORIA)	G HOME OR OTHER INSTITUTION ADDRESS HOSPITAL	BALTIMORE The USUAL OCCUPATION TO THE OF WORKING LIFE INDUSTRY THORMARY THE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THORMARY THOR			
filled in ould be	USUAL RESIDENCE (IF NURSING HOM 136, STATE Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY BALTIMOT		136.STREET ADDRESS / ZIP CODE 3617 Falls Road	21211		
red within 24 hours of and 2 should be filled in by the cond 2 should be filled exeminer must be notified.	James F.	Burke LAST	15. MOTHER'S MAIDEN NA FIRST Will:	AMPODI F	LAST		
n and co	NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b. SOCIAL SECU GIVE WAR OR DATES) 218 01 (awford 1931 Rockwe	ell Ave. 21228		
strificate to physicio conpopers remavol.	PART L DEATH WAS CAL	only one cause per line for (a), (b), one USED BY: HATE CAUSE (a) ACURE MY	coardied infarch	ow	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
the death ce remove corb cremotion, or the froumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) ACUTE MEN	nal failure				
requires the en signed be. Then pleas or to burial.	PART 2 OTHER SIGNIFICAN Atrical Sybral	atroi		MINAL DISEASE OR CONDITION GIVEN			
ow ow	M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?		

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY STATE

22a.1 certify that (1) (this hospital) attended the deceased from, MARCH sow the deceased alive on MACH 22 above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

NOT WHILE

DEGREE no

MARCH

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

22c DATE SIGNED

KEITH

230. BURIAL, CREMATION, REMOVAL Ententi

KAWLINGS

03/26/1985

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

UNION MEMORIAL HOSPITAL

23d. LOCATION Pikeswille, Balto. Co, Md.

(VRA 15, 4)

DHMH - 16 50M 4/83

MPORTANT

24 FUNERAL DIRECTOR

MEDICAL

Burgee-Henss Funeral Home, 3631 Falls Rd. 21211

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The stay of the stay of the stay of The state of the s Marie Tara Para Marie Tara Marie Marie Marie Cara Cara Marie Cara PARTING A KINGEY IND LEWICE IT STREET STREET, THE All a Profess appeals, a contract of deeper and a first of the last of the las

Alan Seitz, Jr. 3615-19 Chestnut Ave.

STATE OF MARYLAND

091025

(VRA 15, 4)

FOR

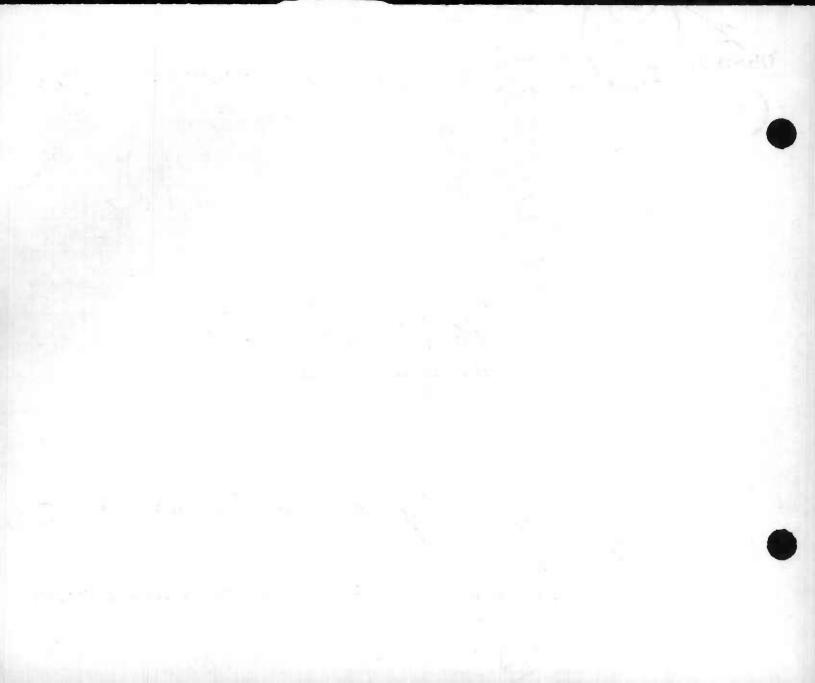
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. The low requires that the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in the turners director page. 3. Abould be delated for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 gains of the please should be delated within 72 gains of the please tempore or bould be delated.	158
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d by	STANT
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after already. TO FUNERAL DIRECTOR: After this certificate bosons signed by the ottending physician and completely filled in the funeral director page. 3 No. 10 FUNERAL DIRECTOR: After this certificate harmy. Then please remove corbon papers. Pages I and 2 should be find within 72 ages of the busin-transit permit. Then please remove corbon papers. Pages I and 2 should be find within 72 ages of the busin-transit permit.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examiner must be not treat an analysis.

DEP

STATE OF MARYLAND	Park.	1	-7	- 0	. 3	4
ARTMENT OF HEALTH AND MENTAL HYGIENE	~	U	1	Black	Com	d
CERTIFICATE OF DEATH	REG. NO).				

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0 / 4	6 6
3	1 DEC	CEASED NAME FIRST	MIDDI	I.E	0	AST		AONTH DAY YEAR	2b. HOUR
	(I) PE	erTrude			(H	OKSON	3/23/8	35	83X F. M
	3. SEX		4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS
		Female	Black		S. DATE C	24 01	84	YRS	HOURS MIN.
L		76. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY) MD USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, N				D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
4	10.01				WIDOWE		17a USUAL OCCUPATIO		MD. OF BUSINESS OR
0	LIE NOT IN SUCH FACILITY GAVE STR				ADDRESSI	edical Cen.	WORKING LIFE) INDUSTRY		
5		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL	NTY 13c	RESIDENCE BEFORE CITY OR TOWN Baltimo	N	1311. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS / 615 Wins	ton Ave. 2	21212
	14, FA	THER'S NAME FRIST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAV	R.A.	Robert	5
		VAS DECEASED EVER IN U.S. AF		SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES		
		(ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	N/A		/Robert Ste	ewart 1606	Sherwood	Ave.
	NOI	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		RIBUTING TO D					
7	CERTIFICATION	19a. DATE OF OPERATION	1% CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
7		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.		TH DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM TS PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
		220.1 certify that (I) (this hasp sow the deceased alive or obove, (I) (we) (did) (did po	Naz.7	3 /190	3 , or	nd that in (my) (our) apinion	death occurred on the do	te and hour and from the	that ((we) ast
		226 SIGNATURE	ed			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		SIGNED
		JW. RES	ORPRINT)			SILS, CH	Y ST. BA	48. Me, >	4230
		BURIAL, CREMATION, REMOVAL	3/28/85			EMETERY OR CREMATORY Hill Cem.	Anne Anne	undelount Co	. MĐ
		UNERAL DIRECTOR Vm. ***C. March	F/H 110	01 AERESS	Nort	h Ave.	R 2 6 1985	ish registrar's signat	fandell

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

STATE OF MARYLAND

WHITE

Th CITIZEN OF WHAT COUNTRY?

U.S.A.

ALIDDLE

LEROY

214121110

- STATE

(TYPE OR PRINT)

3 SEX

IFICATION

MEDICAL

1. DECEASED NAME

MALE

MARYLAND

COUNTRY

To BIRTHPLACE I STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

REGISTRAR

HENRY

4 RACE

LIF YES, GIVE WAR OR DATES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

02

5. DATE OF BIRTH

MONTH

WIDOWED [

09

REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR CUFFLEY 23 85 10:40p AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYFAR DAY VE AD 16 68 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER BALTO, RIGGING

VAMC 3900 LOCH RAVEN BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 3c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13h COUNTY 13d. INSIDE CITY LIMITS? 313 S. COLLINS AVENUE, 21229 BALTIMORE MARYLAND YES TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE UNKNOWN DEWEY CUFFLEY CLARA 17 INFORMANT ALICE E. CUFFLEYS 313 S. COLLINS AVE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

& VAMC 3900 LOCH RAVEN BLVD BALTO, MD 21218 YES WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MINUTES DUE TO, OR AS A CONSEQUENCE OF ATHENOSCI GROTIL Conditions, if ony, which gave rise to immediate Pulmont cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 201 AF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOF YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK

22a.t certify that Xu (this haspital) attended the deceased from MARCH 23 sow the deceased olive on MARCH 25 obove, X1 (we) (dix X1) X0X view the body ofter depth. _, and that (wary) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS LSEDER III

3900 LOCH RAVEN BLVD RALTO

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL MARYLAND MARYLAND VETERANS CEM, CROWNSVILLE BURIAL 03 - 27 - 8524 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15. 4)

						Gansen
					100	
Market . John Hill						
				v		
		loc to	22370700			
	El Time The					
T. C. V. N. A.	MERCHANIC SERVICE		Milli egat hass			
			u 70% (20%)		pr. Ciliarena	

O FUNERAL DIRECTOR:

(VRA 15, 4)

BP

MPORTANT: If Hem 21

1	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	0742	15
		CEASED NAME FIRST OR PRINTI	u V	· ROY Cum	1	2-	30-1985	8:21 M
	3. SEX	mate fer	A RACE	3 DATE O		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
2	С	RTHPLACE (STATE OR FORFIG	U	WHAT COUNTRY? MARRIEL WIDOWE HOSPITAL NURSING HOME O			more City	MD.
F	E	Baltimore	Bon S	COURS HOSPICAL, OURSING HOME OF THE ACILITY, GIVE STREET ADDRESS!			F WORKING LIFE] INDUSTRY	BUSINESS OR
2	13a. S N	Maryland 136	COUNTY		13d. INSIDE CITY LIMITS? YES NO		zip code lverton Ave	21215
1		Clarence	MIDDLE E	Ro y	15. MOTHER'S MAIDEN NA FIRST Mary	MIDDLE	Gaskins	
	[Y	VAS DECEASED EVER IN U. (15) VES, NO OR UNKNOWN) JNKNOWN	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	217-12-6838	Joseph S.		4 Moravia R	
		Conditions, if any, whi	AUSED BY: EDIATE CAUSE (b) DUE TO, O	RAS A CONSEQUENCE OF	y SEMA	ARREST	BETWEEN OF	IATE INTERVAL YSET AND DEATH
		gave rise to immedia couse (a), stating to underlying couse to	he DUE TO, O	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110	
7	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPERATIO		20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES (GS USED OF DEATH?
1	AL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	410110	DF INJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES T	NO 🗌

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

22a.1 certify that (1) this haspital) attended the and that in/my) (our) apinion death accurred on the date and hour and from the causes stated

22b. SIGNATURE DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURTAL 4/3/85 Woodlawn Cemetery

23d LOCATION
CHYORTOWN
Baltimore

STATE County

COUNTY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

Wm C[™]March F/H Inc. 1101[™]E North Avenue

25. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATU

Md

STATE

001000	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND 5 0 / 4 2 6
0812.33	11.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
· 6 .w.Ŧ		CEASED NAME FIRST QUELTY	MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 26. HOUR 3 Z ST 8
() () () () ()	3. SE	Female 1. RACE	5. DATE OF BIRTH S. DATE OF B
deoth. Per		IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF COUNTRY)	FWHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH NUIDOWED DIVORCED BOTTO CITY
ofter de by the fur illed within	10.0	ITY OR TOWN OF DEATH II. NAME OF	F HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 170 USUAL OCCUPATIO
ND 2120 24 hours illed in b wild be fil	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE	
MARYLA ed within mpletely fi ond 2 sho	14 F.	ATHER'S NAME MIDDLE	Notes Mary McCiure
ond compages 1 of medical e		WAS DECEASED EVER IN U.S. ARMED FORCES? (18 YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES)	
DS, 201 W. PRESTON ST quires that the death certification by the attending property then please corban to buriol, cremoficin, or remijury, or other troumatic ex-	NO	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. (b) DUE TO. (c)	CARDIO PILLIMONNEY ARREST TO MIN OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. FIG. E CORD THE CARDINATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
Iow related to the second of t	CERTIFICATION	1	DITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? TO IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL TYSICIAN, The ding physicion is certificate the buriol-transit p Mental Hygien or Hem 18 shov		OR CONTRIBUTING CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19
ING PHYSICIA r otending pl After this certif os the buriol-li ith and Meuriol-li ith and Meuriol-li orked or them	MEDICAL		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI TOR: A for use of Heol	6	27a.l certify that (1) (his hospital) attended a sow the deceased alive an above (1) (we) (did) (did not) view the bad	
- O - =	15	276 SIGNATURE BOLLEN	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIADD 720. DATE SIGNED 3/2/8
TO HOSPITAL TO FUNERAL should be der with the State		22d. PHYSICIAN'S NAME (TYPE OF PRINT) SOULEY	FRANCIS SCOTI KEY MED CTR
BP	23a.	BURIAL, CREMATION, REMOVAL 236. DATE 1SPECIAL 3/5	234 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	74+	HAMIS A. Morton	DR 1990/ Laurers 250 DAIFREC'D. BY REGISTRAR'S SIGNATURE AND 1985

417 17 50 Femele Desire Jon de His 69 pto otio8 V ARU popularities Butto 1718 Hopers and he planted for consider the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG.	VO.	14	2/	
		CEASED NAME	FIRST	A	AIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(ITPE	OR PRINT)	V	IOLET	M. CU	SHER		March 23	, 19	35	11:28p	
	3. SEX	K		4 RACE		5. DATE C		6 AGE (IN YEARS LAST E	HRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
	F	EMALE		CAUCAS	IAN	DEC			6 YRS.	MONTHS DATS	HOURS MIN.	
		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH		
3		LOWA		USA		WIDOWE	D NEVER MARRIED DIVORCED	BALTIMOR	E CI	ΓY	MD	
4		TY OR TOWN OF DEA	TH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR	
	-	LTIMORE AL RESIDENCE (IF NURS	No weeks as	THE J	OHNS HO	PKIN	S HOSPITAL	SEAMSTRE		DRAF	PERLL	
5	13a. S	STATE .	136 COUN	ITY	13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		1	1011	
	_	ARYLAND THER'S NAME	Howe	IKU	Columbi	H	YES NO X		ERED	HEAD <	1045	
	7	FIRST		MIDDLE	LAST LAST		EIRST	WIDDLE		LAS		
4	24 14	CECIL		C.	Ellison		ECUTH	ADD	DECC	LARS	3 m	
2		VAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES)	4179-12-2		MARVIN CUSI	0	AS I	25		
		100	N	A			MARVIN CUSI	HER SHITE	רו		AND ANTERNAL	
9		18 CAUSE OF DEATH PART I. DEATH W	H Enter on	ly one cause per D BY	- 1 -		1.				MATE INTERVAL ONSET AND DEATH	
	100			E CAUSE (0)	Septic	240	ck			301	ays	
		E. 6211		0	AS A CONSEQUE	(Δ.	1.	(1.)	1 41	ays	
		Conditions, if ony, gave rise to imp		(b) D	owel re	charmy	non during M	Wia ton	C 6 W 2,	The man	10-10	
		cause (a), statin underlying cause	g the	DUE TO, OF	AS A CONSEQUE					124	eris	
н				(c)	Lympho		NOT DEL LIFE TO THE TEN			7		
ú	Z	PART 2 OTHER SIGN	VIFICANT	ONDITIONS CC	DUINIBUTING TO I	SEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION G	VEN IN PART II	a	
7	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IGS USED				
4	TIEK	3-20-	35	Bou	Bowel Perforation			YES NO YES NO NO				
7	CER	210. ACCIDENT WAS UNC		216. TIME O		AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART T OR PART 2)		
7		OR CONTRIBUTING (in .	M. MONTH DA	AY YEAR						
	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY	1.0	211 LOCATION	CITY OR	OWN	COUNTY	STATE	
	×	WHILE AT WOL AL WOL	RK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	SIKEEI	CITY OR	OWIN	0001111	JIAIC	
		220.1 certify that (1)	(this hospi				ch 7 1995	to Marc	h 23	1985	that (I (we) lost	
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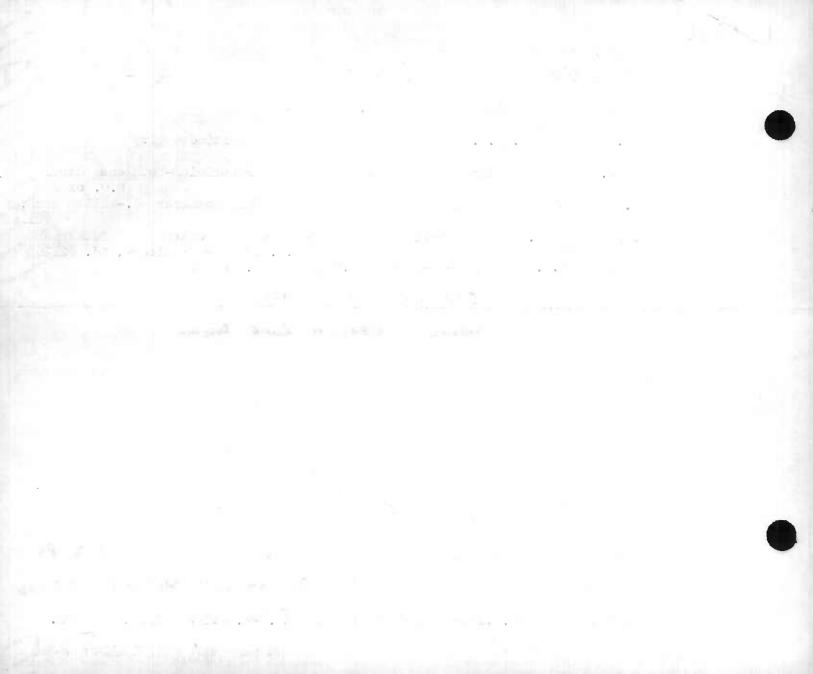
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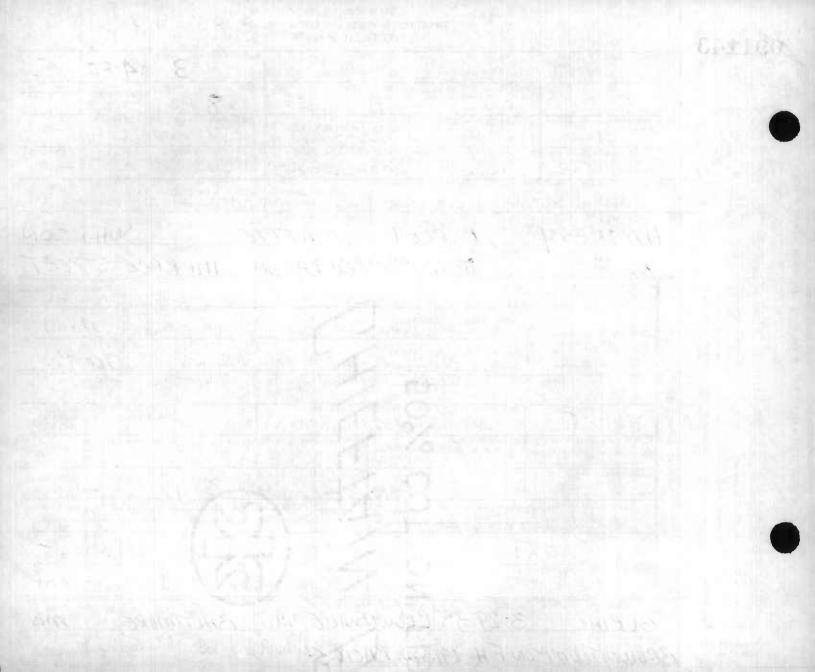
Annual Companies and George Commissions

081240		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 0 7 4 2 8								
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- 4 de 4/1		BALTIMORE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST UNION MEMOR	TAL HOS		12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI) Salesperson	126. KIND OF BUSINESS OR INDUSTRY Hutzler's				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) DING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or ortending physician. After this certificate has been signed by the ottending physician and completely filled in by east the buriol-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be file oith and Mental Hygiene prior to buriol, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical stamine rust be-compared or Item.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFF	ICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
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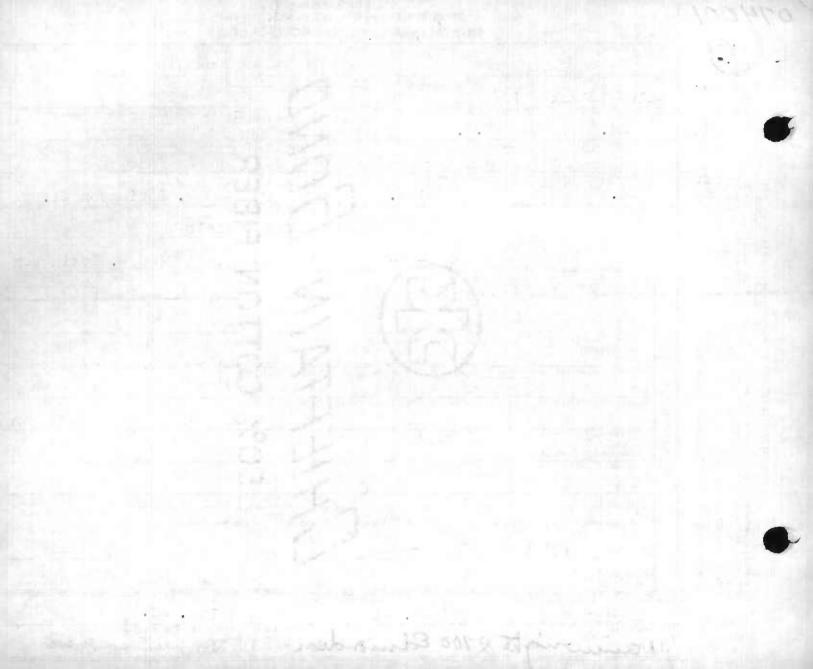
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BALTIMORE	RS AFTER DEATH. GIVE PAGES 1, WITH FORM PM. DIVISION STATEMENT OF THE PAGES (AND PM.)	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), or						Odes		ampl	bell	ADDRES 240			Xino	
, 201 W. PRESTON ST	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RD. FENDING". IN PENCIL IN 1TEM 18. GIVE PAGE FHEF MEDICAL EXAMINER ALONG WITH FORM USED AS A BURIAL-TRANSIT PERMIT. PAGES (A) OF HEALTH AND MENTAL HYGIENE, DIVISION OF HYGIENE HYGIENE, DIVISION OF HYGIENE		Condition gave ris	IMMEDIAT is, if ony, which the to immediate stating the under-	DBY: DUE TO, OR (b)	AS A CON	Narcoti)F							BETY	WEEN ONSE	AND DEATH
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•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI BATTIMORE, MARYLAND, 2	7		y that I took charge ed from: Nature	e of the remains described all causes	Accident	, Sur	cide 🔲			Undeter MEDIC		onner .	DATE SIGN	3-	-8-85 1201	
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

CERTIFICATE OF DEATH	REG.	NO		-		
STATE OF MARYLAND DEFARTMENT OF MEALTH AND MENTAL HYGIENES	5	0	7	da	-3	

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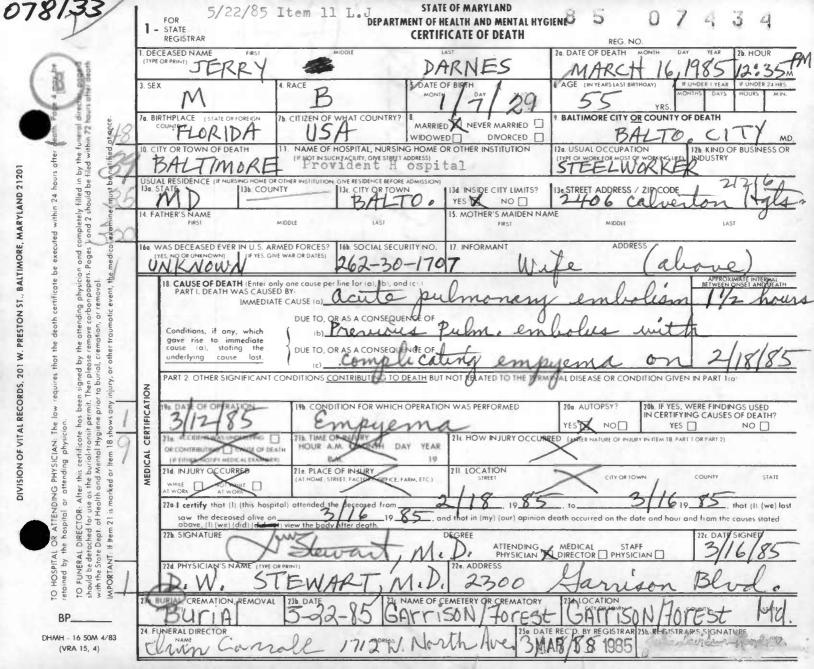
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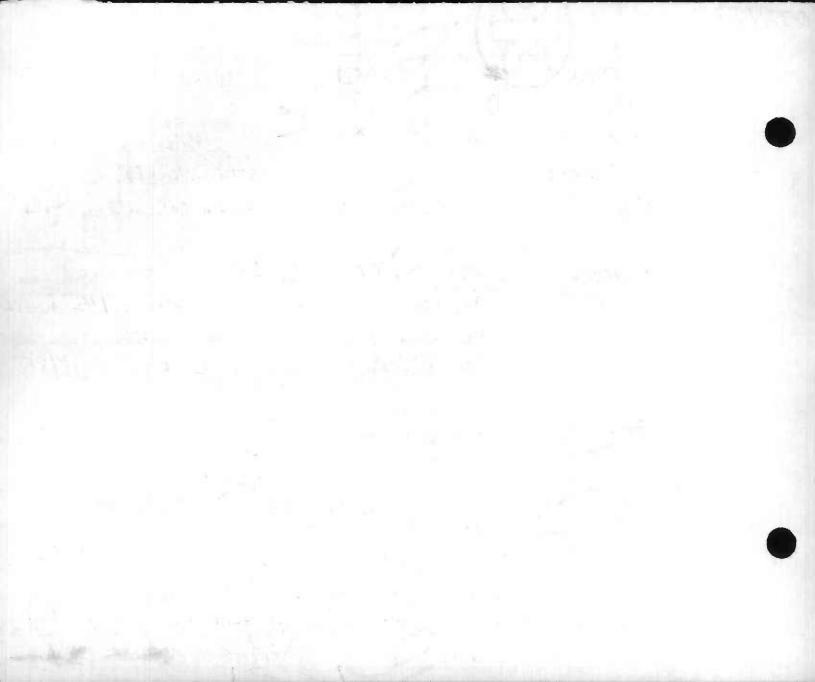
Walter Brooks Bradley, Inc. Balto., MD 21222

DHMH - 16 50M 4/83 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

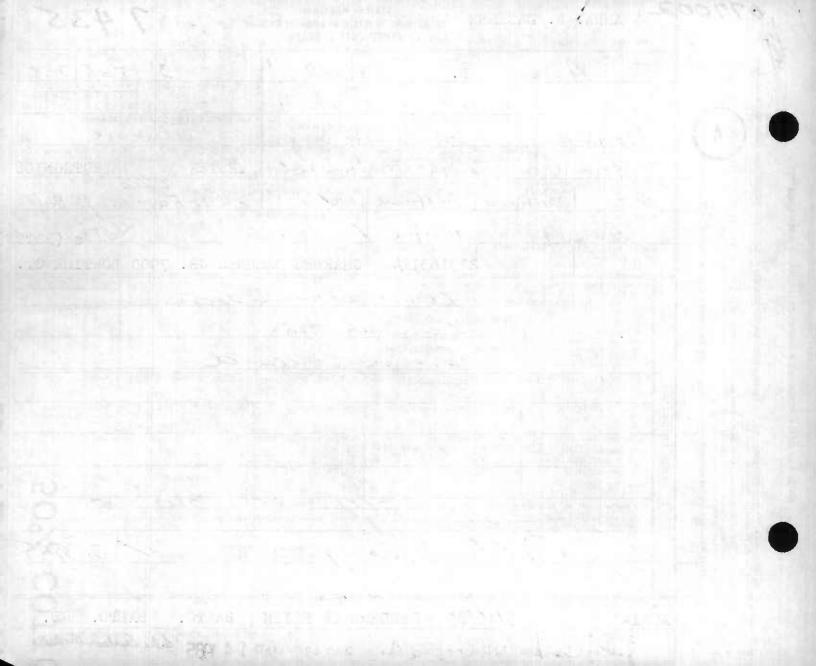
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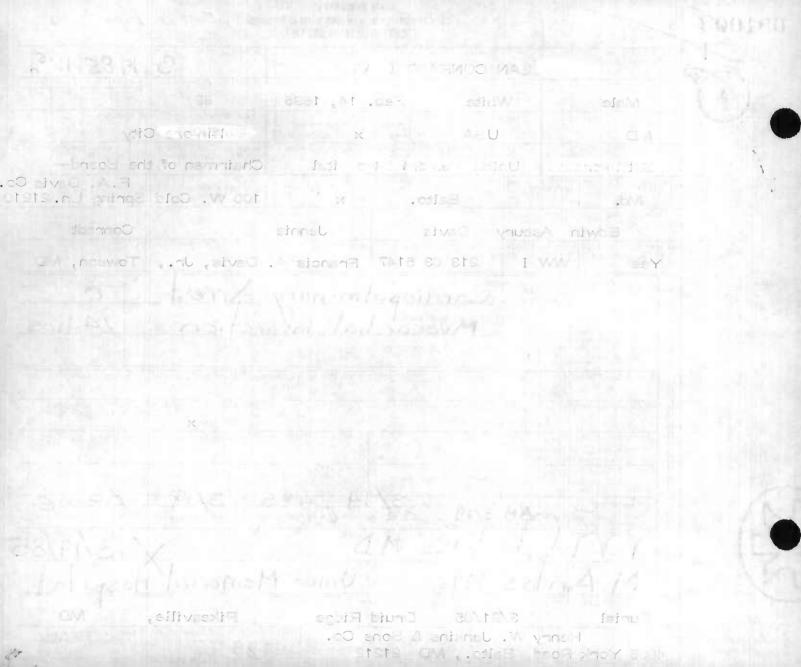


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		220.1 certify that (1) (this hospital) attended the deceased from 19.55, and that in (my) (our) opinion death occurred on the date and hour and from	2, that (I) (we)
TTEN Pitol TOR: of he of He		abave. (1) (we) (did) (did not) view the body after death	
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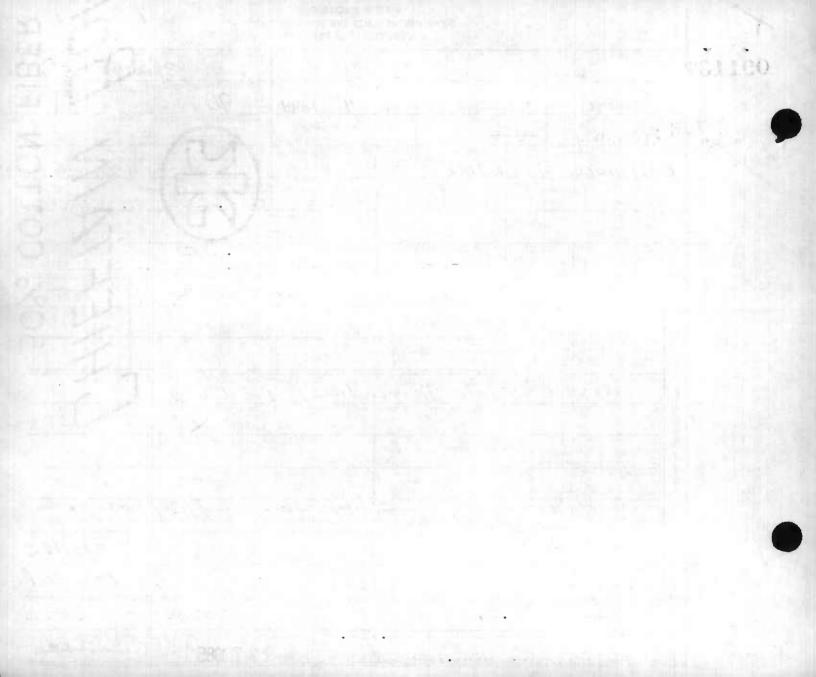


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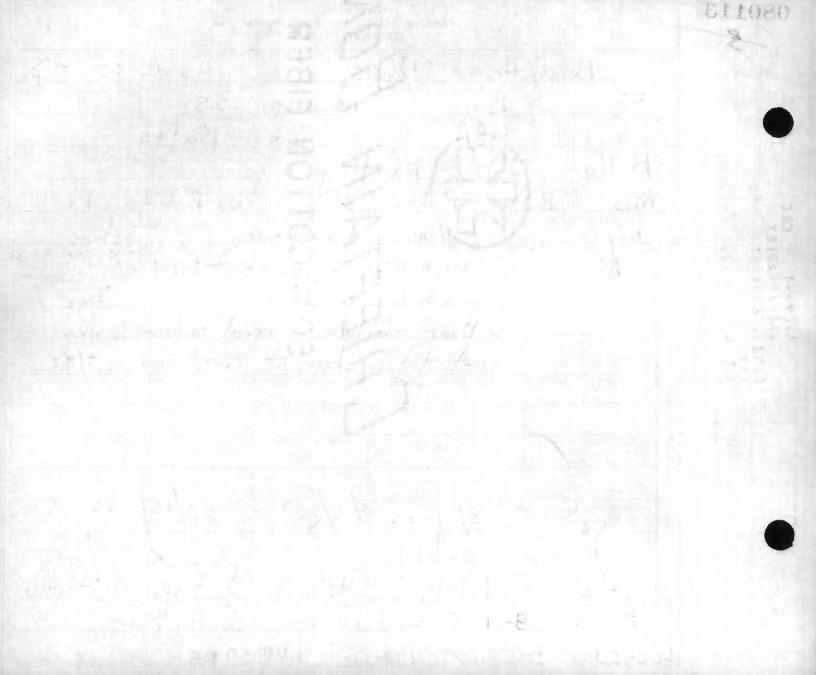
		REGISTRAR CEASED NAME FIRST		MIOOLE	LAST	REG. NO 20 DATE OF DEATH	MONTH DAY YEAR 26 F
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-	3 SE	× Y	4. RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR IF UN
1		temale		ITE 4	1 1894	90	YRS.
10	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		ED NEVER MARRIED	9 BALTIMORE CITY OR	
10	10. C	OERMANY ITY OR TOWN OF DEATH	11. NAME OF	USA WIDOW HOSPITAL, NURSING HOME		BALTIMO	
10	K	BALTIMORE	LEU/A	HEI	BREW HOME	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY PERSON HUB DE
335	USU 13a	AL RESIDENCE (IF NURSING HOLDSTATE 13b C	ME OR OTHER INSTITUTION	n. Give residence before aomission: 13c CITY OR TOWN BALTIMORE	13d. Inside City Limits?	13e STREET ADDRESS /	
- June	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
\$ 00		FIRST	MIOOLE	ROMAN	YETCHI	N	UNKNOWN
medical		WAS DECEASED EVER IN U.S.	ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 219-16-9076	17 INFORMANT I 8305 LACEWO	EON J. DAVE	
ormatio		Conditions, if ony, which		OR AS A CONSEQUENCE OF			
injury, or other traumatic	NOI	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU	TNOT REJATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN PART 110
tows any injury, or other traumatic	TIFICATION	gove rise to immediate cause (a), stoting the underlying couse last	DUE TO, CO. NT CONDITIONS C	DR AS A CONSEQUENCE OF	entia,	AINAL DISEASE OR COND AS C V- 200 AUTOPSY? YES NO	DITION GIVEN IN PART 1:0 20. 1. 1206. IF YES, WERE FINDINGS LE IN CERTIFYING CAUSES OF NC
n 18 shows any injury, or other traumatic	IL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICA	DUE TO, C OUT TO, C	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU	216 HOW INJURY OCCUR	AS-CV-	206. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES \(\)
		gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICA SELVE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, C C DUE TO, C (c) NT CONDITIONS C P 196 CONE 196 CONE HOUR A MINER)	OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU WHE DEMO DITION FOR WHICH OPERATION OF INJURY	ON WAS PERFORMED 216 HOW INJURY OCCUR	28 - C V- 280 AUTOPSY? YES NO RED (ENIER NATUR OF INJURY	. 20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES
	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stoling the underlying couse last PART 2 OTHER SIGNIFICA SELVE. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINED CAUSE OF CONTRIBUTING CAUSE OF	DUE TO, C DUE TO, C (c) NT CONDITIONS C 196 CONE F GEATH HOUR A MINER) 216 PLACE	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU CONTRIBUTING TO DEATH	ON WAS PERFORMED	AS-CV-	. 20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES
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If them 21 is marked or them 18		gove rise to immediate cause (a), stoling the underlying couse last part 2 OTHER SIGNIFICA SELVE 198 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTI	DUE TO, C CC) NT CONDITIONS C PE 196 CONE 196 CONE 216 TIME (AT HOME, S LOSSITOT) attended 1	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU CONTRIBUTING TO DEATH BU COPINIURY A.M. MONTH DAY YEAR P.M. 19 COF INJURY TREET FACTORY, OFFICE, FARM, ETC.) The deceosed from	216 HOW INJURY OCCUR 216 LOCATION STREET 1976 10 that in Injury laur Opinion DEGREE ATTENDING	280 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NO TIN ITEM 18 PART I OR PART 2) VN COUNTY 20. 19 1 hour and from the couse
		gove rise to immediate cause (a), stoling the underlying couse last part 2 OTHER SIGNIFICA COURT PART 2 OTHER SIGNIFICA COURT OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED COURT OR CONTRIBUTING CAUSE OF COURT	DUE TO. (c) NT CONDITIONS C 196 CONE 196 CONE 216 TIME HOUR A WINER) 216 PLACE (AT HOME. S cospital) attended to e an and additional view the bad	OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU OF INJURY A.M. MONTH DAY YEAR P.M. 19 OF INJURY TREET FACTORY, OFFICE, FARM, ETC.) A chief dyath.	216 HOW INJURY OCCUR 216 LOCATION STREET 1976 10 that in Injury laur Opinion DEGREE ATTENDING	280 AUTOPSY? YES NOW NED (ENTER NATURE OF INJURY) CITY OR TOW MEDICAL STAFF	20b. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NO TIN ITEM 18 PART 1 OR PART 2) VN COUNTY 20. 19 1 that the and haur and from the cause

STATE OF MARYLAND



080113			STATE OF MARYLAND	A 11 0	7 2 5
10	FOR - STATE	DEPARTM	CERTIFICATE OF DEATH	GIENE -	1 4 3 8
1-07	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
/ B /	1. DECEASED NAME FIR:	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Der	nadette 1	Javis	23-1	2-82 8 DW
re po	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rs of	+	13	MONTH 09-24-40	1 35 YE	
Pour di	TO PIRTHPLACE I STATE OF FOREIG	76. CITIZEN OF WHAT COUNTRY?	8.	BALTIMORE CITY OR COU	
deoth.	Balto Mo	48A	MARRIED NEVER MARRIED WIDOWED DIVORCED		O MD.
oy the full operations of the full of the	Bato	11. NAME OF HOSPITAL, NURSIN	(ACRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
212 212 212 212 212 212		OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	In expert appress time of	-21215
S. T. S.	WD -	Balto Balt	YES NO [3702 Keister	Town Rd.
HOLE HE SENTE	14 FATHER'S NAME	MIDDLE ASI	15 MOTHER'S MAIDEN N	IAME MIDDLE	→ \ IAST
* " " = E Z 100	Koy	Kollins	Palest	ine	toster
ORE, and codicol	160 WAS DECEASED EVER IN U.	ES GIVE WAR OR DATES)		ADDRESS	102 Keisterlown R
IMOR	NO	302-46-	3870 hosp.	chart alest	ine Rollins
The state of the s	18 CAUSE OF DEATH (En	ter only one couse per line fox (a), \$65, one	(NG)		APPROXIMATE INTERVAL BN WEEN ONSET AND DEATH
The state of the s	PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0) metabo	lie- acidos	<	days
AN CONTRACTOR		DUE TO, OR AS A CONSEQUE	Grene 1	1.0.1	
on, on,	Conditions, if any, whi		tailure.	renal tailure	> lulve
Trong and a second	gove rise to immedia couse (a), stating t	te)	1	Tarrella .	
W Share and a share and a share a shar	underlying couse lo	DUE TO, OR AS A CONSTOUR	Lia bassa	t carcinom	9/83
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been s mut The prior to ony inju	THE DATE OF OPERATION 196 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s. AUTOPSYT 20s. IF	YES, WERE FINDINGS USED
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SICIAN: ng physic certificat miol-from entol Hyg			Y YEAR		
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OR ATTEN e hospital DIRECTOR sched for up Dept. of Hem f Item 21 is	22h SIGNATURE	bid not view the body alter deaty	DEGREE		The DATE SIGNED
0 0 0 00	1/	11.1.2.1.10	ATTENDING	_ MEDICAL STAFF	sliclas
by 1	122d. PHYSICIAN'S NAME	VOE OR BRIDTS	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	10/13/83
HOSPITA FUNERA Puld be de de h the Stat		SINA	Me ADDRESS	MI	RXIIMA
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: #	Kobie	- 24h	MAIN. OF	1 las Hosp.	MISTIRCI
	230 BURIAL GREMATION, REMO	OVAL 236 DATE 73C N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP	Duria	3-71-82 F	astriew Ulm.	balto:	10-
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	+11 mal L DORES	1 al Ano 250 D.	ATE REC'D. BY REGISTRAR 256. REC	
(VRA 15, 4)	Lerova Duet	17600 LIDERTY	TYT. FIVE. M	AK 1 9 1085	a Nacidna Print of

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180045	١.	FOR		DEPA		E OF MARYL LEALTH AND	AND MENTAL HY	SIENE 8	<i>i</i> () 7 4	3 9
		REGISTRAR			CERTII	ICATE OF	DEATH	R	EG. NO.		
3)		CEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF DE		DAY YEAR	2b. HOUR
25	(TYPI	OR PRINT)	Ella	Mae	Dav	is		March	17 19	85	
000	3 SE	Х		4 RACE	5. DATE	OF DIDTH		6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HR
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72 hou		IRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	D X NEVER	MARRIED	9 BALTIMORE C	ITY OR COUNT		
of or		S.C.		USA	WIDOW	ED D	NORCED [more C	ity	N
by the fune filed within		nty or town on Baltimo		11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST 1233 Darle	REET ADDRESS)		MOITUTION	120 USUAL OCC (TYPE OF WORK FOR		12b. KIND C INDUSTRY	OF BUSINESS O
should be f	13a.	STATE	13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		CITY LIMITS?	13e.STREET ADD	RESS / ZIP COL	DE	
though the state of the state o		4D		Balti	lmore	YES 😿	NO 🗌		Darley	Ave.	21218
± 0 - =	14. F/	ATHER'S NAME FIRST		MIDDLE LAST		15 MOTHER	'S MAIDEN NA		DUE	ŁA:	ST
l ond		Joe		Curbea			sther		ADDRESS	Brow	n
Pages medical	1	WAS DECEASED I YES, NO OR UNKNOW		VE WAR OR DATES		17 INFORM					
rs. Pe		No		216-14	1-4470	John	R. Da	vis 123	3 Darl	ey Ave	•
hysic sope avol.		18. CAUSE OF E	TH WAS CAUSI	nly one couse per line for (b). (b)	ond it is	Chr	tak			BETWEEN	ONSET AND DEATH
d bang bang bang bang bang bang bang bang			IMMEDIA	TE CAUSE (o)	Coccae	100	200			-	
n, or moti				DUE TO, OR AS A CONSE	OUENCE OF	A	tern	Prola	8.	10	mo
move after		Conditions, if gove rise to	immediate	(b)	0 1000	10		1 /000	1		Q
d by thi lease re- iol, cren ar other		couse (a), underlying (stating the cause lost	DUE TO, OR AS A CONSE	OUENCE OF	Jow	out	sul Sy	drom	- 2	all
Then p to bur	NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	D TO THE TERM	AIN AL DISEASE OR	CONDITION G	IVEN IN PART 11	0
os beermit.	CERTIFICATION	19a DATE OF OF	PERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	ORMED	20a AUTOPSY	IN CERT	ES, WERE FINDI	OF DEATH?
ronsit per Hygiene 18 shows	ERT	210. ACCIDENT WA	S UNDERLYING	7 216. TIME OF INJURY		21c HOW It	NJURY OCCUR	YES NO	7	YES DARK I OR BART 2)	№ □
		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.M. MONTH			-	TENTER NATURE	Dr Hajoki ha ii [mi ii]	FART (OR FART 2)	
burial-s burial-s Mento or Item	MEDICAL	21d. INJURY OC	CURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATI	ION				
	ME	WHILE N	OT WHILE	(AT HOME STREET, FACTORY, OFF	ICE, FARM ETC I	STREE		CIT	YORTOWN	COUNTY	STATE
After the os the olth ond morked			at (I) (the base	ital) attended the deceased fro	5/	1	10 &	1 10 3/	17	10 85	shee its tuelde
or us		sow the de	ceased alive or	12/10	963	nd that in (my) (pdr) opinion	death occurred on	the date and ha	our and from the	couses stated
Ppt of pp		22b. SJGNATUR		ot) view the body after death		DEGREE				22c DATE	
ertach re De		they	my.	Stocker	MM		ATTENDING	MEDICAL DIRECTOR D	STAFF	~	
FUNERAL uld be deat the State ORTANT:		224 PHYSICIAN	S NAME (TYPE	OR PRINT)		22e ADDRES		-			
		GREG	ORY 6	- WALKER		3300	N. C	slow	Shux	5 213	218
5 d x x x		BURIAL, CREMAT	ION, REMOVAL	. 23b. DATE 2	13c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	V		
		Burial		3/22/85		more (CITY_OR TO		COUNTY	MD
16 50M 4/83		UNERAL DIRECTO)R					E REC'D. BY REGIS		STRAR'S SIGNAT	
RA 15, 4)	,	Vame	March	F/H 1101 E		h Aye	· MAND	1 0 1095	1 1	idea Par	delle



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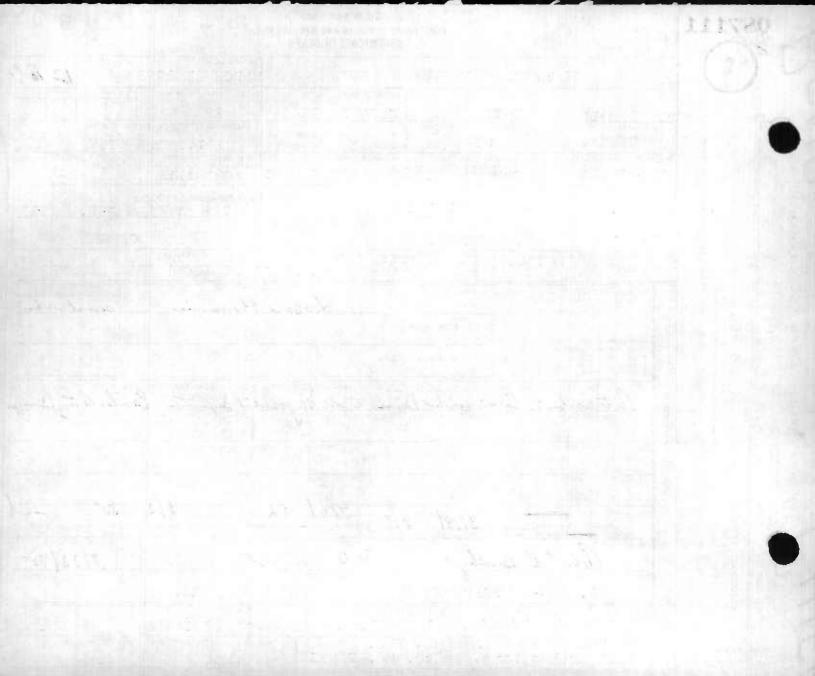
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FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

ч.	REGISTRAR		CLIVIII	ICAIL OI DEAL	"		REG. N	O.			
Ī	1. DECEASED NAME FIRST	MIDDLE	l.	AST		2a. DATE OF	DEATH	MONTH	DAY YEAR	2b. HOUR	2
1	FLORENCE	E VIOLA	D	AVIS	1	MARCH	21	1985		12:1	10 M
Ī	3 SEX 4 RACE		5. DATE C			AGE (IN YE	ARS LAST BIR	THDAY)	IF UNDER I YEAR		
I	FEMALE WE	HITE	JUL		S 5	99	9	YRS	MONTHS DAYS	HOURS	MIN.
j	TO BIRTHPLACE ASSAULTS OF FOREIGN THE CITE	ZEN OF WHAT COUNTRY?	8.			BALTIMOR			Y OF DEATH		
	PENNA.	USA	WIDOWE		ED 🗆			MORE	CITY	10.7	MD.
	I IE N	ME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET ARDEN VILLA	ADDRESS)		HOME	12a USUAL O (TYPE OF WORK HOM)		OF WORKING L		OF BUSINES	SOR
1	JUSUAL RESIDENCE (IF NURSING HOME OR OTHER IN: 130. STATE MD. 14 FATHER'S NAME	STITUTION GIVE RESIDENCE BEFORE 13c, CITY OR TOW BALTIMO	N	13d. INSIDE CITY LI YES [X NO					E AVE	. 212	13
	WILLIAM. H.	CLARK		15. MOTHER'S MAI	EMMA		WIDDIE		GENSEÏ	12)	
t	160 WAS DECEASED EVER IN U.S. ARMED FO			17 INFORMANT	3-0-1	100	ADDRI				
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR	DATES) 217-78-	0239	WM. I	RICHA	ARDS	(SON	I) SA	ME ADI	DRESS	5
F	18 CAUSE OF DEATH (Enter only one co	ouse per line for (o), (b), one	d (c).1	9	0	10			APPRO:	XIMATE INTERV	AL DEATH
ı	IMMEDIATE CAUS	E (0)		Lot	m	Breum	ma		sem	el we	han
1	DU	E TO, OR AS A CONSEQUE	NCE OF								
1	Conditions, if ony, which	(b)									
ı	gove rise to immediate couse (a), stating the	E TO, OR AS A CONSEQUE	NCE OF								
t	underlying couse lost	(c)									
ı		ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE	OR CON	DITION GI	VEN IN PART 1	10	
4	a Chrisoselentie Ca	rdiovaseula L	esuse	E old Man	verso	hil In	laneto	m . B	eseler a	sten De	emage
	190 DATE OF OPERATION 196 210. ACCIDENT WAS UNDERLYING 21b.	CONDITION FOR WHICH	OPERATIO	N WAS PERFORME	9	YES T	PSY?		S, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH	
1	21a. ACCIDENT WAS UNDERLYING 21b.	. TIME OF INJURY	_	21c. HOW INJURY	OCCURRE					140	
	an contraction of Contract of action MC	OUR A.M. MONTH DA									
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED (AT	P.M. PLACE OF INJURY	19	211. LOCATION						-	_
1		HOME STREET, FACTORY, OFFICE, F	ARM ETC	STREET			CITY OR TO	NWN	COUNTY	517	ATE
4	220. I certify that (I) (1)	ended the defensed from		4/6/10	82	4		3/21	10 85	Ab-A (I) for	-> 14
١	sow the deceased alive on obove, (I) (ma) (d.d.d.) (did not) view the	3/18/ 19	85 , or	nd that in (my) (awr)	opinion de	oth occurred	an the d	ote and ho	ur and from the	, that (I) (we e couses stat	
1	22b. SIGNATURE		1	DEGREE					22c. DATE	E SIGNED	
	Albur B L	Endly	1	M O ATTEN	IDING ICIAN (2)	DIRECTOR [STA PHYSK	FF CIAN []	3/	22/8	3
1	22d. PHYSICIAN'S NAME (14PE OR PRINT)			22e ADDRESS							
1		BRADLEY		490	00 Be	elair	Rd.				
	230 BURIAL, CREMATION, REMOVAL 23b D			EMETERY OR CREM	ATORY	23d LOCAT			COUNTY		ATE
1	The state of the s		PARKW				LTIM			MD.	
	24 FUNERSONDMUNEK FUNE		INC.	21012	30			25b. REGIS	TRAR'S SIGNA	TURE	
	3331 Brehms La	ane, Balto.	Ma.	21213	111111 6	2 1084	5	1000	le l	1.00	

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FOR STATE

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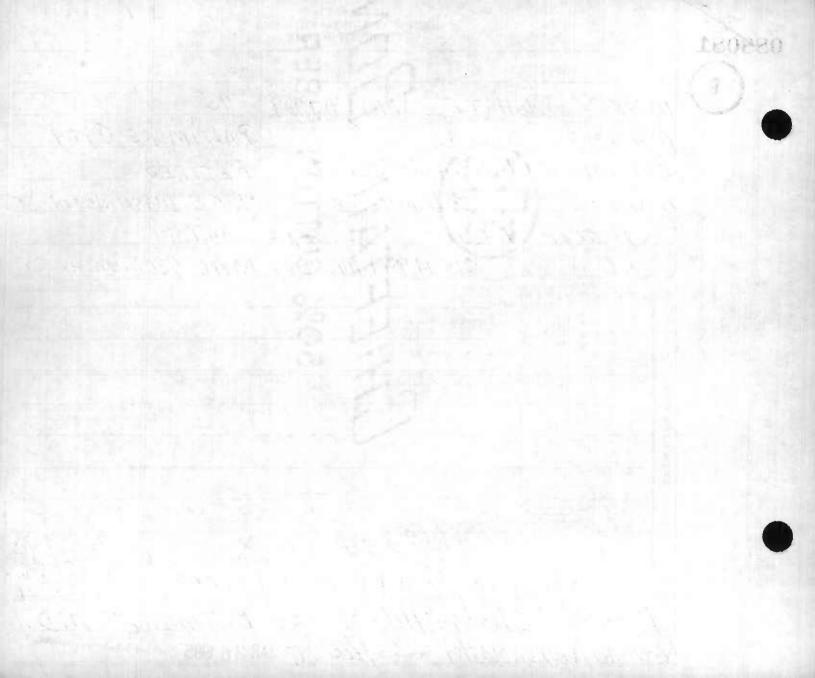
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH

	(TYPE OR PRINT)	MARTII	Ν Α.	DAV	/ID	M	larch	22,	198	55	10:20AM
3	SEX	-	WHITE	5. DATE C	OF BIRTH	909	AGE LINYEA	RS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
7	MARY	LAND	16 CITIZEN OF WHAT COU	MARRIE		RIED .	BAL.	TIM	ORI	OF DEATH	TY MD.
	BALT	MORE	THE HOLD IN SUCH FACILITY, GR		TAL	TION 12	USUAL OF		WORKING LI		F BUSINESS OR
1	USUAL RESIDE 13a. STATE	VICE (IF NURSING HOME OR 136 COUN	OTHER INSTITUTION GIVE RESIDENCE TY OF THE PROPERTY OF THE PRO		136 INSIDE CITY I	LIMITS? 13	130	DDRESS /	ZIPICOD	HING	TON ST.
	4 FATHER'S	OSEPH	DAVID	AST	ANGE	AIDEN NAME	Sau	JICI	ki	ĮAS	ī
	60. WAS DECE		MED FORCES? 166 SOCIAL E WAR OR DATES! 215	14 98/1	MRS E	VA J	DAVI	O /	30	s. Whst	
	18 CAUS PART	I. DEATH WAS CAUSE	ly one couse per line fai 101, D BY: E CAUSE (a) METAS		SPINE TI	JMOR_C	RIGI	N IIN	KNOW		IMATE INTERVAL ONSET AND DEATH
	gove r couse underly	ons, if any, which ise to immediate (a), stating the ng cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF		THE TEDANIN	AL DICE ACE	OP CONT		WENT IN BART I	
	NOI	OF OPERATION	196 CONDITION FOR				20a AUTOF	4	20b. IF YE	S, WERE FIND II	NGS USED
	OR CONT	DENT WAS UNDERLYING UBUTING CAUSE OF DEAR NOTIFY MEDICAL EXAMINER	HOUR A.M. MON	TH DAY YEAR	21c HOW INJUR	Y OCCURRED	(ENTERNATO	JRE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
	WHILE AT WORK	RY OCCURRED	210 PLACE OF INJURY		211 LOCATION STREET			CITY OR TOV		COUNTY	STATE
ı	saw	the deceased olive an	tall) attended the deceosed		nd that in (my (au)	p 85 Oppinion dec	th occurred				causes stated
	22b. 81G/	1170, X	COODX	W) a		NDING SICIAN	DICAL DIRECTOR [STAF	F IAN (TA	The DATE	32/85
1	Y	2007	Poli				THE WILLIAM	TOTAL	AT		~ / ~
	W	CIAN'S NAME TO THE STATE OF THE	A CILI A TUBLE	e yeld		CHURC	H HOS MUV	elu	ree	St /2	HET-W1,

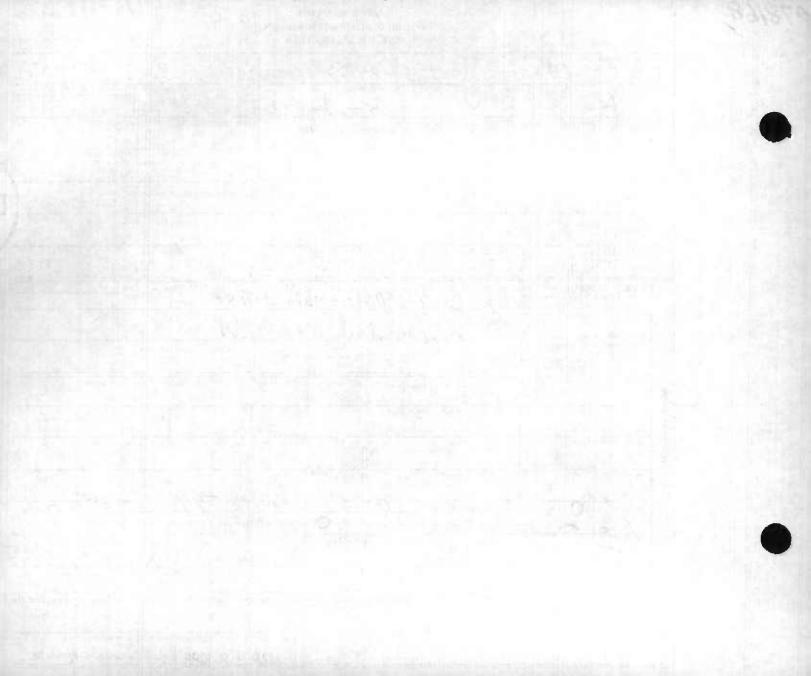
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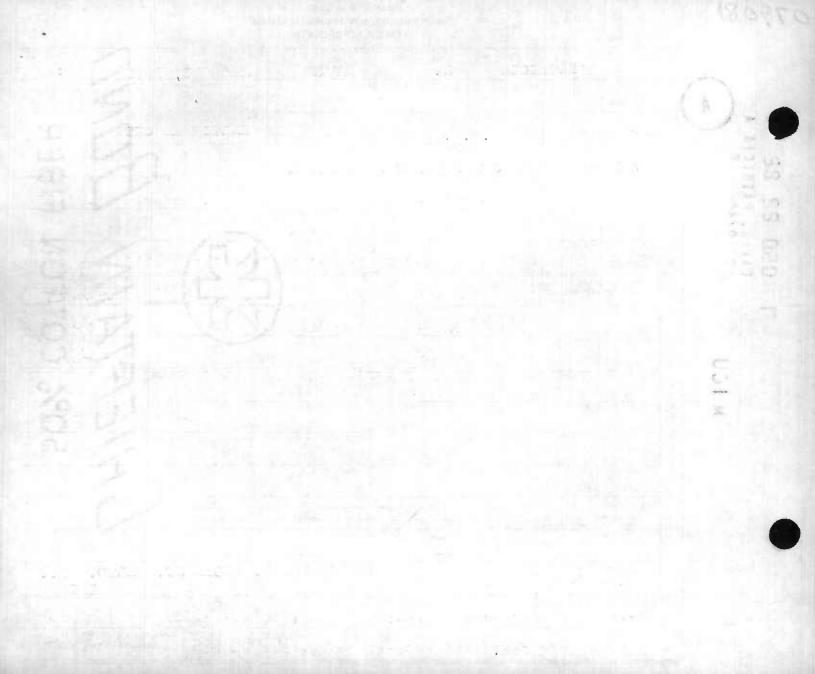
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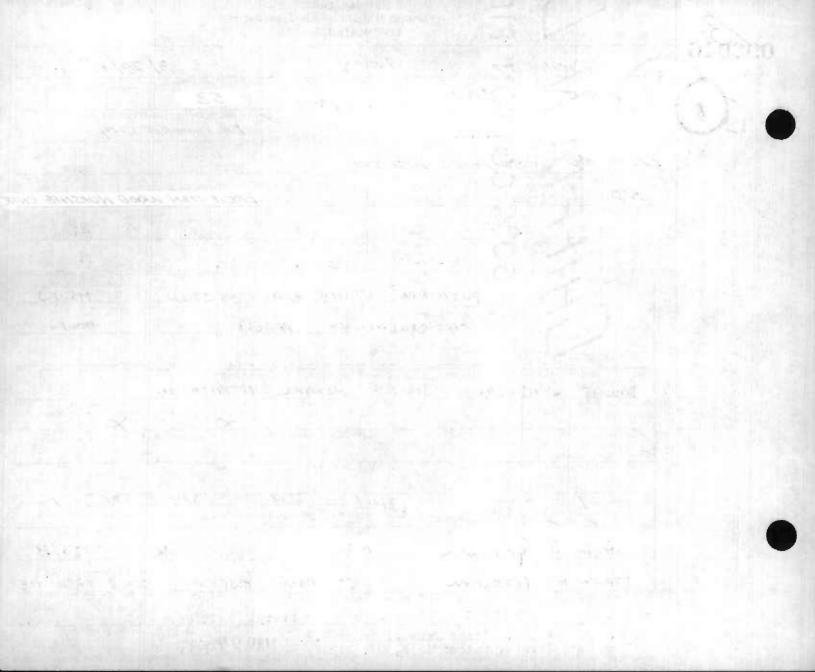


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	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTII	AST	REG. NO. 20. DATE OF DEATH MONTH	7:37 AM
1 11	(TYPE	ORPRINT) OT,	S OTIS DAVIS	J.	9015 MARCH	16,1985 3-	16-85 7 57 AM
	3. SE	× NN	4 RACE	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY) 6. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
2 97 87A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED	Baltimore city or coun	
1 11 10		outh Carolina	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION	12b. KIND QF BYSINESS OR
a 1 1 35		Baltimore	Church Ho:		l	Steel finish	LIEB KIND OF BUSINESS OR INDUSTRYACKETMAN BET & Baunes
A PROPERTY	USU. 13a S	STATE 136 COU		NW	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE
# 1 14 T	14. F.A	Maryland -	Balti	nore	YES NO NO 15 MOTHER'S MAIDEN NA	234 S. Durha	IM St. 21231
1 11360		Thomas	Davis		Hattie	WIDDLE	Lawron
de de la		VAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRESS	
TIME STATE OF STATE O				3638	Paula Air	ey 234 S. Dur	
Trificote physicismovol		PART 1. DEATH WAS CAUS	only one cause per line for (a), (b), ED BY: ATE CAUSE (o)	LAD DE	MADNAN A	ONARY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth cer deoth cer ove carbo			DUE TO, OR AS A CONSEG	UENCE OF	1 106	i all	
e deo ante move notion		Conditions, if any, which gave rise to immediate	(b) 101 YO	1913.1d	101 Mutair	TION	
by the ose re corner other		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	UENCE OF	MYOCARDI	AL INFARCTION	
DS, 201 quires the signed hen plec to burio	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART I I a
ECOR ow red ow red prior I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF IN CER	YES, WERE FINDINGS USED RITEYING CAUSES OF DEATH? YES NO P
FVITALR IAN: The Infrost hor- infrost hor- i		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
DIVISION OF NG PHYSICIA ontending pl fifer this certif os the burdel- th and Mental orked or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION		
DIVISION DIVING PROPERTY OF After the easthe easthe marked a	W	WHILE NOT WHILE THE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
NDIN NO or			oital) attended the deceased from	V	1160 1950)		. 19 that (D(we) last
ATTE ospito ECTO d for m 21		saw the deceased alive a prove (we) did id id n 227 SIGNATURE	n			deoth accurred an the date and h	
ALOR A Val DIRECTOR OF CALL DIRECTOR OF CALL DIRECTOR OF CALL		Day of	Frace		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3 / Co/Ch
HOSPITAL of the	1	22d. PHYSICIAN'S NAME (TYPE	/		22e ADDRESS CHURC	CH HOSPITAL C	ORPORATION,
CO HOSPITAL etoined by 1 TO FUNERAL should be det with the Store		DAVID GRA				N BROADWAY, BA	
BP		SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY 21231
	24 FU	BUTIAL JNERAL DIRECTOR			y Hill Mem	E REC'D. BY REGISTRAR 256, REG	Baltimore Md. ISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	نيا	lly & Zeile	r.Inc. 1901 F		21231 Ave. MA	IR 1 8 1985 Frank	a Davidson-Randale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (Miller) 2b. HOUR P TYPE OR PRINTE PATRICIA Ann 9:49 M DAVIS MARCH 13 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH O 48 Black 10 Female BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Maryland U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Maryland 709 N. Maderia St.21205 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Claude Hall Davis Vernal ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 216-54-2926 Vernal Davis 711 N, Collington Avenue Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY ARREST MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BRAIN Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF SUBARACHMOID HEMORRHAGE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 216. TIME OF INJURY 7 In ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 WHILE NOT WHILE 220.1 certify that (1) (this hospital) ottended, the deceased fram sow the deceased alive an. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGN ----DEGREE 22c DATE SIGNED 3/13/85 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN the St 600 ST. BALTO MD. . HAMB ERS 21205 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BP. BURIAL 3/18/85 Baltimore Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)





- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

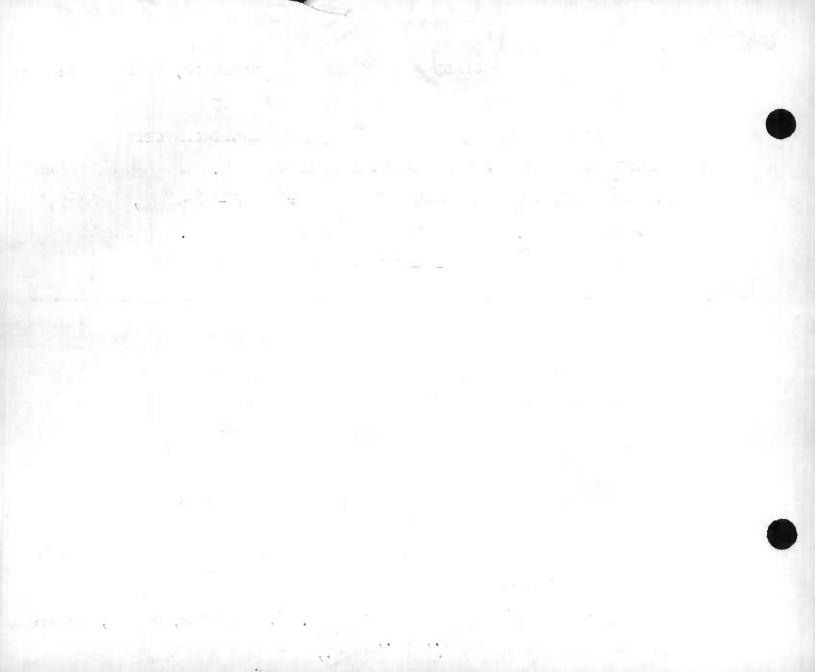
REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME LIYPE OR PRINTS RUSSELL DAVIS March 24. 1985 1:00 5. DATE OF BIRTH A ACE THE YEARS LAST RIRTHDAYS IF LINDER TYEAR 3. SEX 4 RACE DAYS White Male 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY DIVORCED WIDOWED IT, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR JOHNS HOPKINS BALTIMORE HOSPTTAL anpenter Union Local USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 13 COUNTY 13d. INSIDE CITY LIMITS? in York anorville NO X IS MOTHER'S MAIDEN NAME FATHER'S NAME Helen Knight IN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 Maria Davis no APPROXIMATE INTERVIBETWEEN ONSET AND D 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH a cullent (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 THE INJURY OCCURRED The PLACE OF INJURY 211 LOCATION 111164 CITY OF TOWN COUNTY STATE AT HOME STREET, EACTORY, OFFICE, EARM, \$30.3 NOTWHILE T 27s.1 certify that (I) (the hospital) attended the deceased from and that in timy apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not 22b. SIGNATURE 72r DATE AIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN' 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE leadownidge Mem.

DHMH - 16 50M 4/B3 (VRA 15, 4)

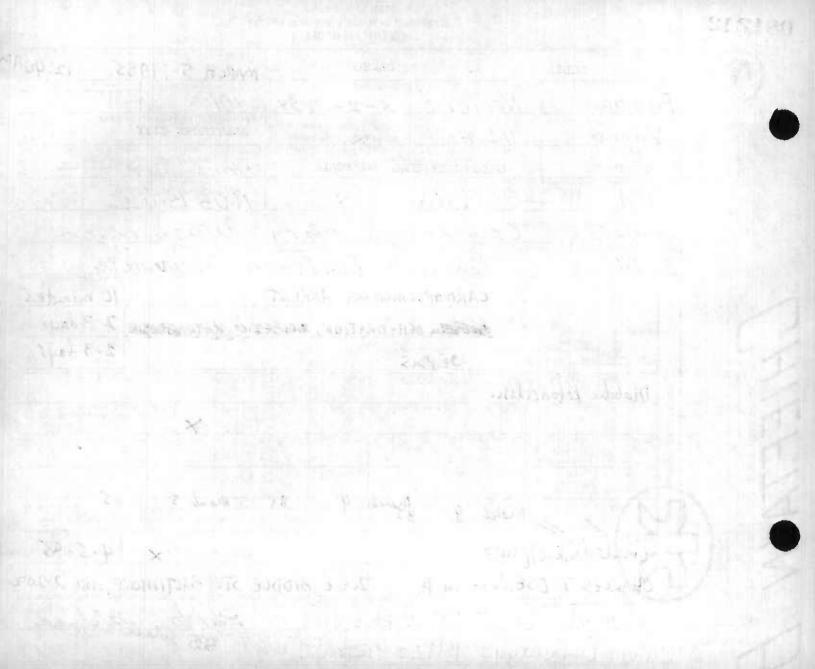
dully Funeral Homes

Patapsco Ave.,

whin Daydron



081212	1 -	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	-, -, Q
		CEASED NAME FIRST OR PRINT) LELIA	A A.	DAWSON	20. DATE OF DEATH	35 12:40 A
	3 SE	-mak	Negroia	5. DATE OF BIRTH MONTH 3-2-1834		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
Post for the State of the State	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY BALTIMORE CITY	OF DEATH MD.
on the formal and a contract of the contract of the formal and a contract of the	10 C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVES	DRSING HOME OF OTHER INSTITUTION STREET ADDRESS) ORIAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
State of the state	USU. 130 S	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 13(, C) Y OR	TOWN 13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS TOP CODE	e 21223
MARYL 1 1 2 200	14. FA	CHALTER	MIDDLE COM LYST	15 MOTHER'S MAIDEN N	1 Wash	29 ton
IMORE.		VAS DECEASED EVER IN U.S. (IF YES,	ARMED FORCES? 166. SOCIAL-	12-8303 Ellis Daw	son 528 Wyar	oke
T, BALT hitcore b physics messal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per line for (a), (b) USED BY: DIATE CAUSE (b)	PULMONARY ARREST	Г	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S leath ce stending recorbing sea, or a numatic i		Conditions, if ony, which		DEHYDRATION, DEST.		2-3 days
hot the by the sose rince bill, cremb		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS			2-3 days
RDS, 201	NOI	D: 1.1- V.	NT CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TER	rminal disease or condition give	EN IN PART 110
TAL RECORDS The low requiricion. In the hos been significant permit. They giene prior to the shows ony injury of the state on the state of the state	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN. The physicic certificate rial-transit lean 18 sho	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM-	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT I OR PART 2)
NG PHYSICIAN. offending physical that this certification as the buriol-from the and Mental Hyginal Action of them 18 s.	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
n o se a se	1,	220 I certify that (I) (this has sow the deceased alive above, (I) (ye) (did) (deceased)	ospitol) attended the decaysed for which the body ofter death.	(1)	to Marsh 3	ond from the couses stoted
AL OR ATTEN The hospital AL DIRECTOR Setached for u of Dept. of H If Hem 21 is		Charles Se	Mou	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 4-5-85
TO HOSPITAL efoined by the TO FUNERAL should be detured to with the Stote with th	ſ	CHARLES J.	OSEROFF, M.	P. 208 E. BIDD	OLE ST. BALTIMO	RE, MD 21202
BP		SURIAL FREMATION, REMOVE	3-9-85	231. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 5	INERAL DIRECTOR S	cruggs 14º	152 E. PrestonSt. 250 D.	AR 7 1985	AK S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYGI	IENE O S	0.	1 4	4/
i		EASED NAME FIRST		NIDDLE	L	AST		20. DATE OF DEATH	HTHOM	DAY YEAR	2b HOUR
	[TYPE (Lilli.	an	I	awso:	n		March 7	, 19	85	M
	3. SEX		4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	F	remale	Bla		3	B B	18	67	YRS.	MONTHS DAYS	HOURS MIN.
d		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER A	AARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH			
7		eorgia		USA WIDOWED				Baltimo	ity	MD.	
		Baltimore	on St.		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF BUSINESS OR			
5	13a S	LERESIDENCE (IF NURSING HOME OF TATE 13b COL		GIVE RESIDENCE BEFOR 130 CHTY OR TOV Baltin	/N	13d INSIDE C	NO 🗍	13e STREET ADDRESS 2027 N.V			St.2121
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	WE		LAS	sT
0		Joe		lliams		Clav	idia	· · · · · · · · · · · · · · · · · · ·		Willi	ams
		AS DECEASED EVER IN U.S. A		166 SOCIAL SEC	JRITY NO.	17 INFORMA	NT	ADDR	ESS		
	Ţ	TO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)	219-66-	-7490	Char:	lie Da	wson 5134	Dar		
	1	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS	only one couse per ED BY. ATE CAUSE (a)	line for 10), (b), or		prosit	li			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	R AS A CONSEQU							
	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GI	IVEN IN PART II	0
)	CERTIFICATION	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES 'ES []	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIR	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OIN)	RY IN ITEM IB	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EEL FACTORY, OFFICE.	FARM ETC 1	211 LOCATION STREET	NO	CITY OR TO	OWN	COUNTY	STATE
	8.3	22s I certify that (I) (this has	pital) attended The	e deceosed from.	1	25	19 8	5. to 5	12	. 19 5	that (I) (we) lost
	.33	sow the deceosed alive a above, (1) (we) (did) (did r	0 4 5	ofter death	OT or	nd that in (my)	(our) opinion o	death occurred on the o	ote and ho	our and from the	couses stoted
	3	22b. SIGNATURE	Ign view wie obdy	oner deom.	N		ATTENDING _	MEDICAL STA		221-DATE	SIGNED
		22d, PHYS CM TO TAME (TYPE	OR PRIMIT			22e ADDRES	PHYSICIAN [Las Horle	CIAN D	tospato	I
		URIAL, CREMATION, REMOVA BURIAL	3/12/			'1 Mer		Laurer,		COUNTY	Män¹E

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

should be detoched for with the Stote Dept of H

MPORTANT:

24 FUNERAL DIRECTOR ADDRESS 1101 E. North Ave. C. March F/H

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 8 1985

Cancer of most Zana p. J.

093142

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRARAKA -	MARY	V. DEN	IS	CERTIF	ICATE OF DE	ATH	REG. NO.		
		CEASED NAME	FIRST	A	AIDDLE	- 1	AST	•	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	[TYPE	OR PRINT)	IRGI	NIA	M.	D	ENTS		3/30/85		837A M
	3. SEX	(,		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
	30	Female	-27	Wh	ite	11	15	1895	89 YRS		, mooks min.
1		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	CNEVERMA		9 BALTIMORE CITY OR COUN		
1	Mai	ryland	1	U.S.	. A .	WIDOWE		DRCED 🛣	BALTIHORE	CITY	MD.
į,	10. CI	TY OR TOWN OF DEAT	Ή		HOSPITAL, NURSIN		R OTHER INSTIT	UTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	1000	ACTIMORIS	1	BONS	0	OSPITI	H		Homemaker		
-	130 S	AL RESIDENCE (# NURSIN TATE ryland	135 COUN	other institution, ity imore	130 CITY OR TOW Catonsv	N	13d. INSIDE CIT	Y LIMITS?	136 STREET ADDRESS AZIP CO	21228	
9.		THER'S NAME					15. MOTHER'S	MAIDEN NAM	AE .		
7	1	Thomas		MIDDLE	Cain			arah	. MIDDIF		arke
5		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17. INFORMAN		ADDRESS	01	CALKO
-	14	NO OR UNKHOWED	(IF YES, GIV	EWAP OR DATES)	212-10-6	140	John :	Be11 8	Springnoll Dr.	21122	SING ALL
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on	ly one couse per			0	0	1		DXIMATE INTERVAL IN ONSET AND DEATH
	16			D BY: E CAUSE (0)	Cardo	pret	norar	20	rest		
	-			DUE TO, OI	R AS A CONSEQUE	VICE OF	11.0	1 0	0		
		Conditions, if any,		((b)_	Congst	ene,	Hear	T de	alure		
	14	gove rise to imme couse (a), stating	the	DUE TO, OI	R AS A CONSEQUE						
	23	underlying couse	lost	((c)_	Arterio	selow	tic ca	devies	xulan Hant I	sease	
	NO	Acute Re	MIL	Jailura	ONTRIBUTING TO E		NOT RELATED T	1 1	inal disease or condition of	A	lio.
7	CERTIFICATION	190 DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR		200 AUTOPSY? 206. IF	YES, WERE FINE	DINGS USED
	TIE		34.0	5 13 1					YES NO	YES [NO [
1		210. ACCIDENT WAS UNDE			FINJURY M. MONTH DA	AY YEAR	21c. HOW INJ	JRY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART FOR PART 2)
	CAL	(IF EITHER NOTIFY MEDICA		10		19					
	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY SEET, FACTORY, OFFICE, F	ARM ETC }	21f. LOCATION	1	CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WHILE	ie 🗌								
	777	220 I certify that (I)		2	deceased from_	3/1		19 85		. 19_8	, that (1) (we) ast
		sow the deceased above, (1) (we) (di	d) (did no		after death.		6	bpinion d	death accurred on the date and h		
	-8	276. SIGNATURE LY	ya,	1	1-1		DEGREE	TENDING	MEDICAL STAFF		TE SIGNED
		22d PHYSICIAN'S NAI	0 61	1 ter	neton			YSICIAN [DIRECTOR PHYSICIAN	3/3	0/85
	_ (forSaluja	Fran	CA. HT	milton	MB.	2000	W.	Baltimore, St.	Boltino	10 Md 2122=
		BURIAL, CREMATION, R	EMOVAL			AME OF C	EMETERY OR CE	EMATORY	234 LOCATION	COUNTY	STATE
1	(Burial		4/2/8	5 N	ew Ca	thedral	Cem.	Baltimore	COUNTY	Maryland
		JNERAL DIRECTOR			ADORESS	2122	9	250 DATE	REC'D BY REGISTRAR 256. REG		
	Hul	bbard Funer	al H	ome, In	c. 4107 W	i1ken	s Ave.	A	11 1 100 gul	ar Andridge	- Wariable

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

	STATE OF MARYLAND								
1-		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
V neenga		- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
7 000034		CEASED NAME FIRST		WIDDLE	-11 3 6	SERTIFICATE OF BE	REG. 140.		
1 2 1		PE OR PRINT)	1			LASI		NIH DAY YEAR 26 HOUR	
2 3 3 3 S E		EARL	. 1.	DEEN	DA	ENN	OF ESTI-	-13-8519 M	
20 H	3 BE)		S DATE OF BIRTH	6 AGE (IN YEAR	and the same	DER 1 YR. IF UNDER 24 HRS.	2c. DATE MOI	TH DAY YEAR 2d HOUR	
STATE	L	1 1 0 -	MONTH DAY	YEAR LAST BIRTHDAY			PRONOUNCED	20 11000	
N22002X	MI	ale while	3-16-	1917 67 YR	5.			-17-85 19 2:40R	
ST AL AL			7h CITIZEN OF WHAT COUNTRY?						
SHE SHE	FC	FOREIGN COLVERY) MARRIED NEVER MARRIED POLITIMONE CITY							
S NEGESSARY, PIEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. W. PRESTON STREET,		Rud.	4.1.	\mathcal{A} ·	WIDOW	/ED DIVORCED	Date illione o	MD.	
I V	ID. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME,	OR OTH		UAL OCCUPATION (TYPE OF W	ORK 126. KIND OF BUSINESS	
THE FILE			COO E E	ager Street	- 7	1202	MOST OF WORKING LIFE	A PR INDUSTRY	
MD. 21201 4. IF ANY DELAY IS N. 2. AND 3 TO THE FL. (3. RETAIN PAGE 5. 2. SHOULD BE FILED. TAL PECORDS, 201 W	LICIT	Raltimore ACRESIDENCE (IF IN NURSING HOME O				Tell	sulcoulical Ser	1 long 60.	
21201 ANY DEL AND 3 TO RETAIN F HOULD BE RECORDS		LATE III IN NURSING HOME C		IN CITY OR TOWN	N)	13d INSIDE CITY LIMITS? 13e STI	REET ADORESS	2	
SECOUL SETA		sol.	-	Dastenne		YES NO 1 6	26. Caser	t. 11202	
- 25.5.3.5 =	14 6	ATHER'S NAME		a race		IS, MOTHER'S MAIDEN NAM		2/	
E, MD.	11111	FIRST	MIDDLE	(AST,		IS. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1. 2. ITH FORM PM 3. PAGES 1 AND 2.S WISION OF MITAL		Howard	1	Lenn		Unna			
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FOR

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

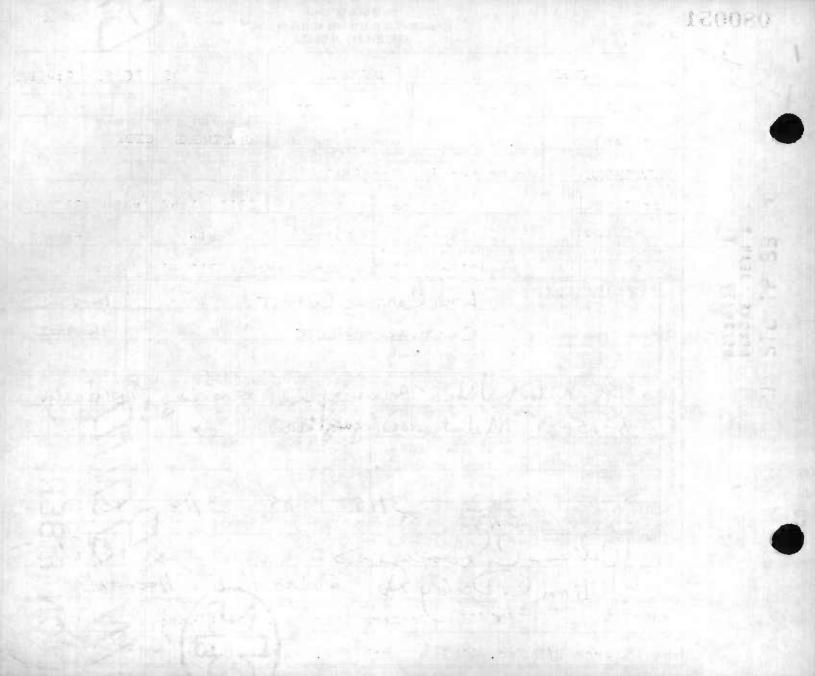
HEALTH AND MENTAL HYGIENE S 5 0 7 4. 5

REGISTRAR REG. NO LAST 2a DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR JEAN E DEVONE 03 15 85 2:45P4 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4. RACE 3 SEX MONTH YE AR DAY Female Black 26 37 47 YRS TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE Maryland U.S.A. DIVORCED WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Johns Hopkins Hospital BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5712 Bland Avenue 21215 Maryland Baltimore YES X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Clarence Staples Helen Marie Brown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Edward Devone 5712 Bland Avenue 215-40-5683 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: ARDIAC OUTPUT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSPOURNCE OF underlying cause lost BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION IF YES, WERE FINDINGS LISED 28e AUTOPSY INCERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART ?) 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 711 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 22a L certify that (I) (this hospital) attended The deceased from saw the deceased alive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22+ ADDRE 230. BURIAL, CREMATION, REMOVAL 23h DATE NAME OF CEMETERY OR CREMATORY Baltimore, BURIAL 3/21/85 estern Star Cem. Md.

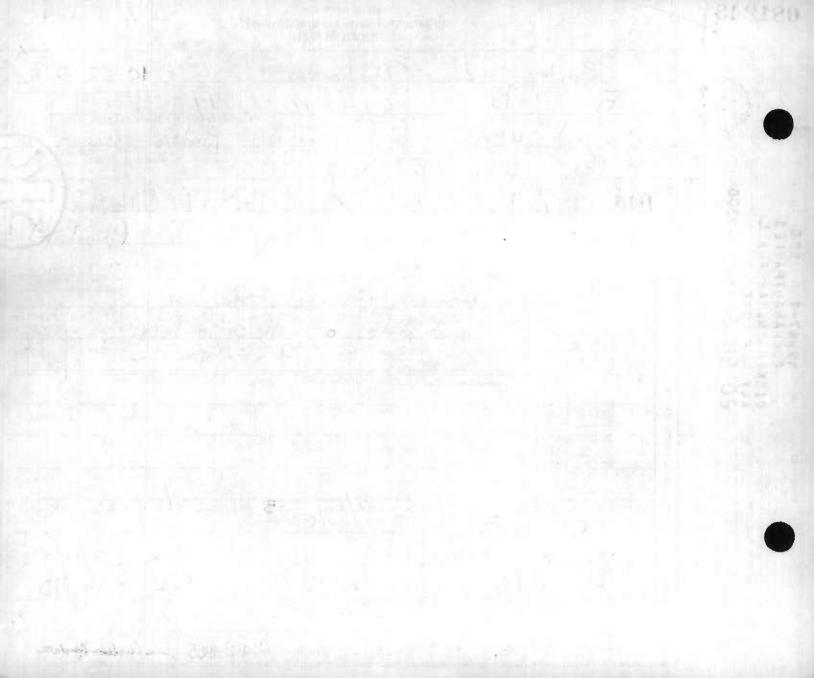
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Wm C March F/H Inc. 1101 E North Ave.

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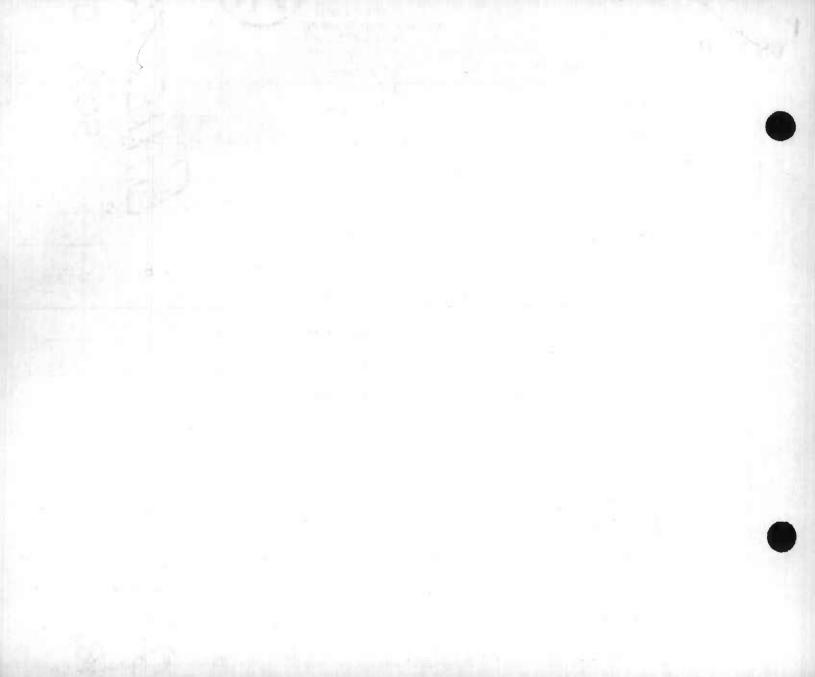
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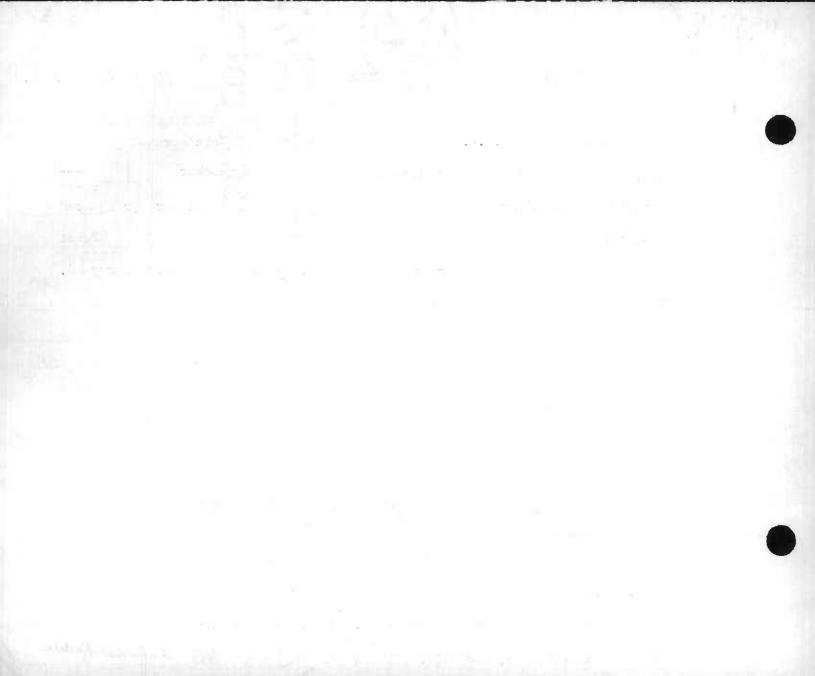
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE



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		CEASED NAME FIRST		MIDDLE	U	151		2a. DATE OF DEATH	WONTH DAY	YEAR	26 HOUR
133		ELIZAE	BETH	ANN	DON	OHUE			3.12.	87	4 PM
(A)	3. SE	(4. RACE		S. DATE O	F BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UP	NDER TYEAR	IF UNDER 24 HRS
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34		BALTIMORE		ON SECOURS		TTAT.		BOOKBINDE			AMER ICAN STAT IONER
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a à	3	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYING		
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7	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	N	CITY OR TO	VAI	COUNTY	STATE
ked	2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIMEEL	,,,,,	CITYONIO	VIN	COUNTY	STATE
mor		22a.1 certify that (I) (this hosp	(tal) attended th	ne decensed from		2-14	110	3 10 3	2 - 10	15	that (I) (we) last
H S		saw the deceased alive or above, (1) (we) (did) (did no			ES on	d that in (my)	(our) opinion	death accurred on the do	te and hour one		
# 2 C		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body	after death.		DEGREE				22c DATE	
# 0		The side of the si	Com	10		A 1	TIENDING 1	MEDICAL _ STAF	F	2/11	2/00
\$ Z-/		10	-			F	HYSICIAN [DIRECTOR PHYSIC	IAN 🗌	2/13	5/85
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, 51		SURIAL, CREMATION, REMOVAL	23b. DATE	23()	NAME OF CI	EMETERY OR C	REMATORY	23d LOGATION CITY OR TOWN	ro	DUNTY	STATE
1		BURIAL	03-15	5-85 PA	ARKWOO	D CEME	TERY	BALTIMORE		_	ARYLAND
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4)	HII	BRARD FUNERAL I	HOME IN	IC 4107 T	JTIKEN	S AVE	MA	R 1 5 1985	Laurd	son-Ra	Toron

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C. L. St. Short St.

093002 1 - FOR STATE REGISTRAR

rathector, page 3 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi should be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages frond 2 should be filed with with the Sitre Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal MAPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examiner must be inputited.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L HYGIENE	2	U	1	2-1	0	O.	
1000	REG. NO.					341	

	CEASED NAME FIRST	ROBERT	TONOUTE		20 DATE OF DEATH	_	DAY YEAR	26 HOUR
	PAUL	ROBERT	DONOHUE			2 '	27 85	2:03 ,
3 SE	X	4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	IF UNDER 24 HRS
	Male	White	8 17	iî	73	YRS.	WOITE DATE	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	NTRY? 8	- FE 5	BALTIMORE CITY O		Y OF DEATH	
	COUNTRY)	77 0	MARRIED ☐ NEVER A	VORCED T	D-742		01 h	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INST		Baltin			MD.
		(IF NOT IN SUCH FACILITY, GIVE			TYPE OF WORK FOR MOST O		IFE) INDUSTRY	
ISH	AL RESIDENCE (IF NURSING HOME		Hospital E BEFORE ADMISSION)		Retired (lhemi		Glass
	STATE 136 COL			ITY LIMITS?	3e STREET ADDRESS	ZIP COD	E Bal	to., Md.
	Md.	l Bal	to. YES Ex	но 🗌	1 N. Mona	ster	cy Ave	#21229
4 F/	ATHER'S NAME FIRST	MIDDIE (A		MAIDEN NAMI	E MIDDLE		LAS	т
	James	P. Do	onohue	Jarv	M.			ekind
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMA	ת זא ר זא	Monastery	SS ATTE		to., Md
		V. TT 215-0	09-4725 Miss		raret T.I			21220
=	T	only one couse per line formal,		. M. Malie		MILLOI		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY	no obstructu	ve lun	as discar		BETWEEN	DNSET AND DEATH
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		DUE TO, OR AS A CON	ISEQUENCE OF					
		002 / 0, 0 / 10 / 10 0 / 1						
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NOI	gove rise to immediate couse (03, stating the underlying couse lost.	DUE TO, OR AS A CON		TO THE TERMIN	hal Disease or Coni	DITION GI	VEN IN PART 116	0
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DHMH - 16 60M 7/B4 (VRA 15, 4)

OR ATTENDING PHYSICIAN. The law

TO HOSPITAL

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retained by the hospital ar attending physician.

FOR STATE

DEPARTA

STATE OF MARYLAND	dona			ed.	6
MENT OF HEALTH AND MENTAL HYGIENE	~	O	7	3	-
CERTIFICATE OF DEATH					

d	•	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o .		
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ì	3. SEX		4 RACE	- 1/1	5. DATE C		March 2		FUNDER 1 YEAR	
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ŀ		RTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TTY OF DEATH	
2	_	nnsvlvania	U.	S.A.	WIDOWE		Baltimo	ore	City	MD.
7		IY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O			OF BUSINESS OR
1		ltimore	Maryla	nd Genera	1 Hos	pital				
2	13a. S	RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		Balti	N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌			Road	21216
1	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		14	NST.
4		Edward		Dorman		Corolyn			Brow	
1		AS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Į	(1)	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	213-30-	4491	Grace Dorm	an 3915 Bo	onne		
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1		Canditions, if any, which		onary Art						
		gave rise to immediate cause (a), stating the)	R AS A CONSEQUE		/ i sease	No. of the last			
1		underlying cause last.	1	m Negativ					44.	
	74	PART 2 OTHER SIGNIFICANT C			w . U C .	/ W W	VINAL DISEASE OR CON	DITION	GIVEN IN PART 1	(a)
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ı	IFIG						YES T NOT	IN CER	RTIFYING CAUSE YES	S OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c. HOW INJURY OCCUR		RY IN ITEM		
		OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH DA						
ı	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED		M. OF INJURY	19	211 LOCATION				
	ME	WHILE IN NOT WHILE IT		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
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1		220 I certify that (this hospit saw the deceased alive an	Maria I	e deceased from		nd that in Xny) (our) apinion	- " March 2		_, 7	, that ((we) last
1	Ų.	obove, (X (we) (did) (did na					death occurred an the ac	are and r		
		226 SIGNATURE	X	Car	es	DATTENDING PHYSICIAN F	MEDICAL STAF	FF IAN []	22¢ DAT	E SIGNED
1		THE PHYSICIAN'S NAME (TYPE O	1/		0	22e ADDRESS				
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		URIAL, CREMATION, REMOVAL	23h. DATE 3/7/	85 C3	NAME OF C	emetery or crematory on Forest V	A Out TYPE OWN	Mil	1 & COUNTY	Md STATE
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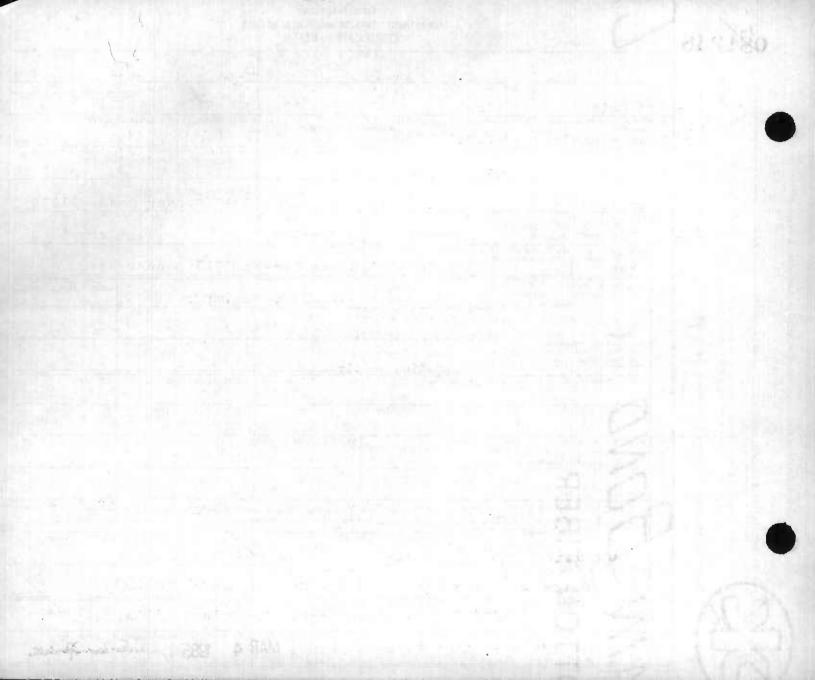
24 FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove corbandopers. Pages 1 and 2 the the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

retained by the haspital or attending physician.



completely filled in s I ond 2 should be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove corbon-popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	1-	STATE REGISTRAR		DEFAR		ICATE OF DEATH	1	REG. N	0.		00	
)		CEASED NAME FIRST CHARL		S,	DON	PLANCE	2	a. DATE OF DEATH		27 85	26 HOUR	2 P M
	3. SE	male	1 RACE.	ile	5. DATE O	D.Ki TE	erk	AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	HOURS	MIN.
ď		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE	XXNEVER MARRIE	D 🗆 1	BALTIMORE CITY C	R COUNTY	OF DEATH		
0	10 (1	Md	II NAME OF	S. A.	WIDOWE	D DNORCE		Baltim 20 USUAL OCCUPAT			OF BUSINES	MD.
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0		Charles	S.			Toca	sie				Rust	
			WED FORCES?	166 SOCIAL SEC		17 INFORMANT 36		Frederic		eBa	,	Md
		NO		1217-07		Mrs. Anne	ette	P. Dorra	nce		XIMATE INTERV	/AI
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, O	ONTRIBUTING TO	DEATH BUT	EDEMA	FOCK DE TERMIN	AL DISEASE OR CON	20b IF YES	ZEN IN PART 1	INGS USED	1?
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7	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA HE EITHER NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	P. 21e PLACE	M. MONTH I M.	19	21f LOCATION STREET	CCURREL	D {ENTER NATURE OF INJU		COUNTY	SI	ATE
		270.1 certify that (1) (this hospit sow the deceased alive on obove, (1) well find did not 27b. SIGNATURE	21-	.11 126	, on	PEGREE	ING /	oth occurred on the di	ote and hou		that (1) (we couses state SIGNED 27/85	
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	(BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE Mar. 30	1	NAME OF CI	EMETERY OR CREMA		Balto.		COUNTY	Md	ATE .
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Funeral Home, Inc. # Baltimore, Maryland 21216

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME GEORGE Edward DOVE 5. DATE OF BIRTH 4 RACE & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male White Dec. 20 1903 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Pennsylvania BALTIMORE CITY 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! CTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Director of Sales UNION MEMORIAL HOSPITAL B & O SUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30. STATE 136 COUNTY 136. CITY OR TOWN Railroad 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland 1006 West Wind Court, 21204 Baltimore Towson 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Christianson James Henry Dove Marv ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 705-03-3873 No Wallace L. Havener, 109 Charmuth Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21093 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Mic Congestive Heart failure Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH
THE ETHER, NOTET MEDICAL EXAMINER)	51 DI 105 OS BIBLION

DAY YEAR

211 LOCATION

COUNTY

CITY OR TOWN

STATE

STATE

22a I certify that (I) (this haspital) attended the deceased from saw the decease alive an abays (1) we) did (did not) view the bady after death. , and that in (my) (aur) apinian death accurred on the date and haur and from the couses stated 22c. DATE SIGNED

22e ADDRESS

AT WORK NOT WHILE

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

LASAUNDRA WATSON M D

UNION MEMORIAL HOSPITAL 23c NAME OF CEMETERY OR CREMATORY

ATTENDING

4/2/85

Dulaney Valley Cem. Timonium Balto. Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 10 W. Padonia Rd. Lemmon.

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2120	7
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	R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 40 A SAMUEL DOWNS 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK-FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF. YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC) STREET AT WORK 220.1 certify that (this haspital) attended the deceased fram. March 31 , and that in (my) (opinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL usan m. (PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Susan Yeomans, Union Memorial Hospital 230 BURIAL CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY

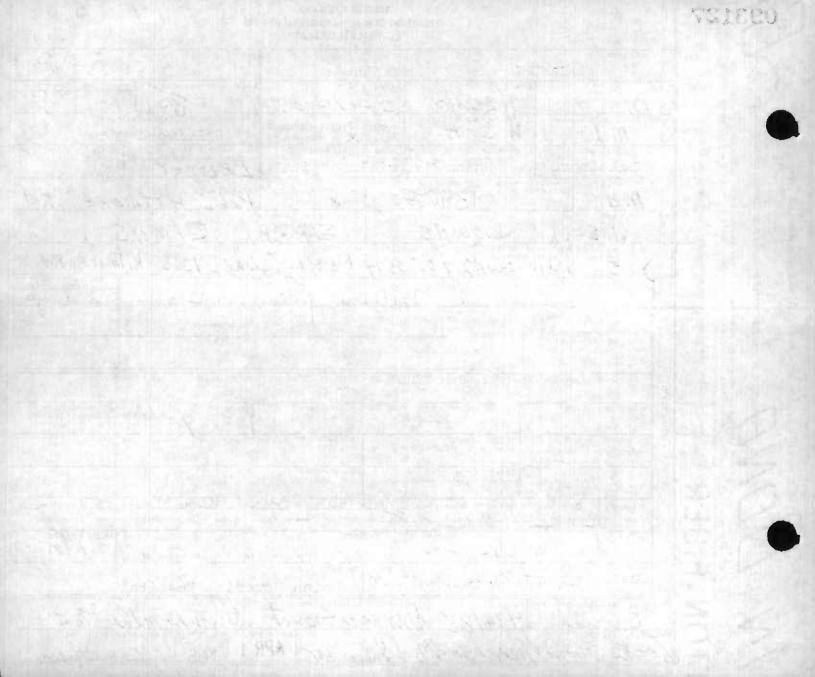
DHMH - 16 50M 4/83 (VRA 15, 4)

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be deta FUNERAL should be deta with the State IMPORTANT:

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

085051	1.	FOR STATE REGISTRAR	TATE CEDITICATE OF DEATH								
70/		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR			
b X	,,	MARGA	RET M.	DOY	LE	March 19,	1985	11:15AM			
	3 SE	Female	White	Feb.	DF BIRTH 13,01925 EAR	6 AGE TINYEARS LAST BIRT	HDAY) IF UND	DER I YEAR IF UNDER 24 HRS			
		RTHPLACE (STATE OR FOREIGN COUNTRY) Sentucky	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	Baltimore City o	R COUNTY OF D	MD.			
by the formal designation of the formal desi	Baltimore		11. NAME OF HOSPITAL, NURSING HOME C		DR OTHER INSTITUTION	Thispector	F WORKING LIFE)	b KIND OF BUSINESS OR DUSTRY Processin			
filled in		Maryland Ba	other institution give residence before NTY 13c CITY OR TO Essex	re admission) WN		136 STREET ADDRESS /	zip CODE side Rd.	21221			
ompletely on 2 s		Nathanie			15 MOTHER'S MAIDEN NAME FIRST Unis	Booth		LAST			
ond coges	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY I			17 INFORMANT	ADDRE					
e be		No L	_ 218 22		Jack C. Doy	ie, nusband	Sa	APPROXIMATE INTERVAL			
physicon on pop emovol event, t		18. CAUSE OF DEATH Enter only one couse per line for 101, (b), and IC- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST									
that the death c d by the ottendin ease remove cork ol, cremation, or		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost Conditions, if ony, which pROBABLY MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF S/P ACUTE PULMONARY EDEMA.									
equires n signe Then pl r to bur injury. c	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 110			
The low roon. those bee it permit. Items prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIC		200 AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?			
SICIAN 199 physic certificate riol-trans entol Hyg		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 C	DR PART 2)			
offending of the buse of the b	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF WORK	216 PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE		21f LOCATION STREET	CITY OR FO		OUNTY STATE			
ATTENDI spirol or CTOR. A Ifor use of Heolin 21 is ma		220.1 certify that (1 (this haspital) attended the deceased from March 15, 19.85, toMarch 19, 19.85, that (1) (well at sow the deceased alive an March 19, 19.85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) ydid not view the body after death.									
ALOR, of the horogeneous detoched		226. DATE SIGNED 226. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN									
HOSPIT ined by FUNER wild be could be contrained to the Stephen CORTAN	115	224 PHYSICIAN'S NAME TTYPE O	R PRINT)		22e ADDRESS CH	HURCH HOSF	TAL				
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Store I IMPORTANT: If	21	MUKESH LUH		NAME OF	100 N. Bro	oadway, Ba	lto.,	MD 21231			
BP		Burial			emetery or crematory of Faith Cem		timore	o., Md. STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)	H A	zdzinski Puner	al Home PA 1407	Sid E	astern Ave M	AR 2 0 1985	STATE DIW	FIGNAT ABINDAM			

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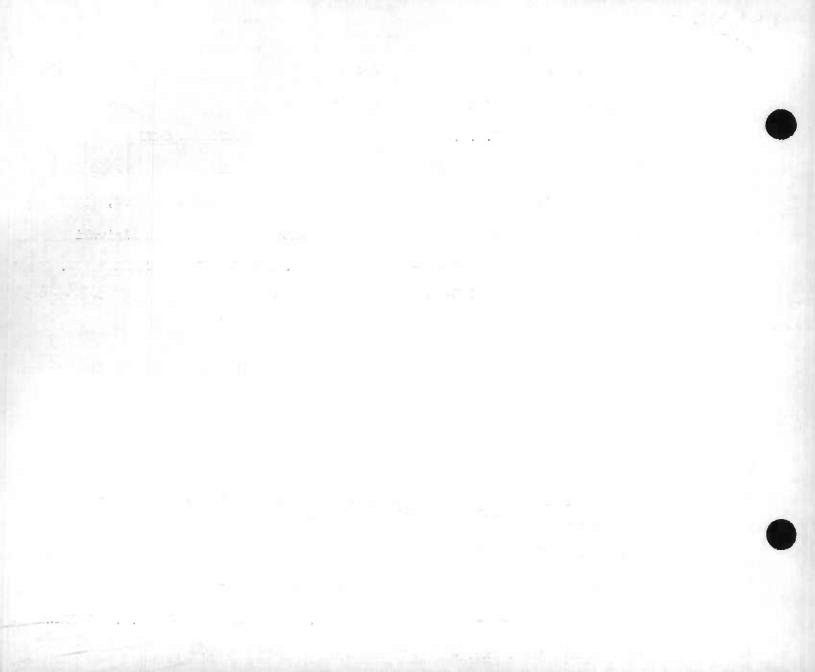
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DRECHSLER

30

MARRIED NEVER MARRIED

YES X

LAST

10

WIDOWED X

YEAR

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DIVORCED [

MIDDLE

REG. NO.					
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	IR A	
MARCH 31, 19	85		6:0	M 00	
6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 HRS		
78 YRS	MONTHS	DAYS	HQURS	MIN.	
9 BALTIMORE CITY OR COUNT	Y OF D	EATH			
BALTIMORE C	ITY	7		MD.	
120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired		KIND O	F BUSINE	SSOR	

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE

3c CITY OR TOWN

DUE TO, OR AS A CONSEQUENCE OF

Baltimore

Drechsler

13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS?

3005 Keswick Road 21211

George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TT WW ves

PART I, DEATH WAS CAUSED BY

136 COUNTY

WITIT, TAM

4. RACE

White

IISA

TE CITIZEN OF WHAT COUNTRY?

166 SOCIAL SECURITY NO. 213-05-6175

CardionVimonary

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT

15 MOTHER'S MAIDEN NAME FIRST

Mary

ADDRESS Caroline Drechsler 721 Field Street

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Smith

mIN

206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

FOR

REGISTRAR DECEASED NAME

Male

Maryland

14 FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

Maryland

- STATE

TYPE OR PRINT

3. SEX

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

P103.5 Vascule - Acidence

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

lo.	ACCIDENT WAS UNDERLYING
OR C	ONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) AT HOME. STREET FACTORY, OFFICE, FARM, ETC)

211 LOCATION

CITY OR TOWN

COUNTY STATE

WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from March saw the deceased alive an Mar any 22b. SIGNATIUR

10 85

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

BALTO

230 BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

DEGREE

23d LOCATION

200 AUTOPSY?

NOF

and that in (my) (aur) apinion death occurred an the date and have and from the causes stated

COUNTY STATE Maryland

d b

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

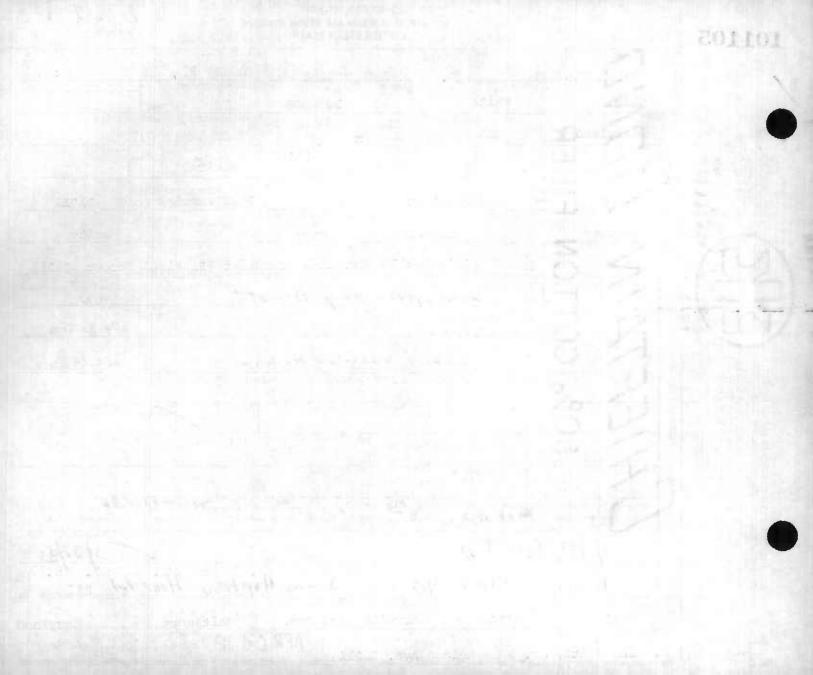
A. Alan Seitz, Jr. 3818 Roland Ave. 21211

4/2/85

Baltimore

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



STATE OF MARYLAND

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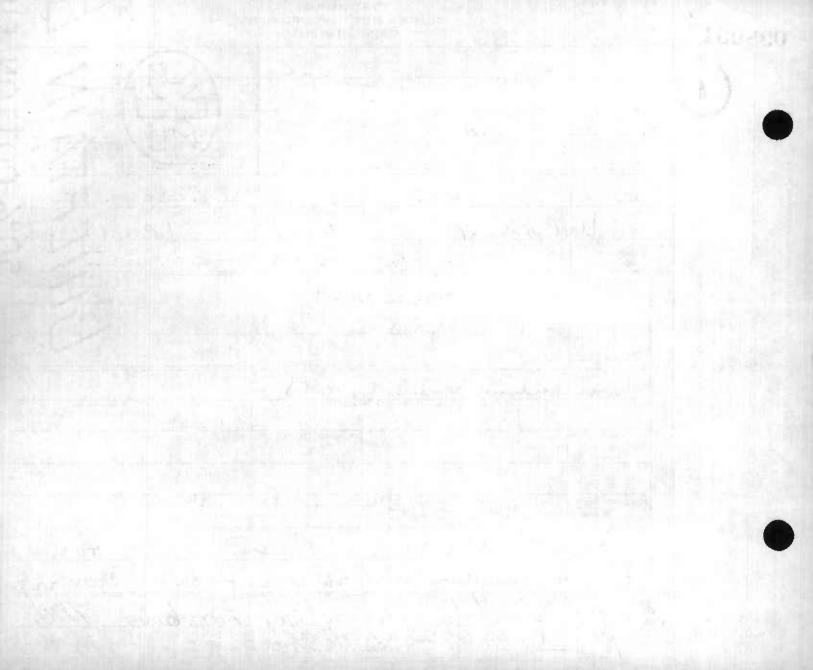
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DIVISION OF VITAL RECORDS, 101 W. PRESTON ST., BALTIMORE, MARYLAND 21201	eot	Her ve
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	ALOR ATTENDING PRESIDENT The line requires that the death certificate be executed within 24 hours after death. Page 4 may the housing apprecian	ALD RECTOR After this cartificate has been uplied by the ottending physicion and completely filled in ay the function and an acceptance for the composition of removal.
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lacksquare	0.2	0 00
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20. DATE OF DEATH MONTH FIRST 2b. HOUR TYPE OR PRINT 3 85 DRUMMOND 30 ANSEL 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 46 90 Black 69 Male YRS O. BIRTHPLACE ASTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S. Carolina U.S. A Balto. City WIDOWEDFX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE Custodian Balto. 820 S. Caton Ave. Balto. City USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 820 S. Caton Ave. 21229 Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT 2509 Harlem Ave. IYES NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST 357-07-4011 Mr. Ansel Drummond, Jr. Balto., Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac alsent IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive an 3129 above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREF 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS COF TO NAME OF CEMETERY OR CHEMATORY COUNTY Rembval BY REGISTRAR 256 REGISTRAR'S SIGNATURE Anatomy Board



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

21227

Sevier

2b. HOUR

IF UNDER 24 HR

176. KIND OF BUSINESS OR

OWN HOME

- STATE CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH MONTH DECEASED NAME TYPE OF PRINCIP DUNKERLY AIMA MMN March 7,1985 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 1. SEX 4 RACE MONTH DAY YEAR FEMALE WHITE JAN. 10,1910 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. MARYLAND DIVORCED [WIDOWED BALTIMORE CITY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IO CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) BALTIMORE HOMEMAKER AGNES HOSPITAL SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE HARWOOD PARK NO K 6771 ATHOL AVE. MD 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST WOLFE CARRIE LEWIS M. W. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (DAUGHTER) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

0	N/A	213.26.0990	MRS. DURIS L. ANDERSON S	AME AS 13
18 CAUSE OF D PART I. DEAT	EATH (Enter only one TH WAS CAUSED BY: IMMEDIATE CAU	SE (a) Rudured They	ACO-AbdomiNAL ANEUVYSM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEF
Conditions, if	ony, which	ue to, or as a consequence of (b) Arterio scleratio	CAPADIOVASCULAR DISEASE	years.
gave rise to cause (a), s underlying c	stating the D	UE TO, OR AS A CONSEQUENCE OF		

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F

710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME STREET, EACTORY OFFICE, FARM, ETC) NOT WHILE

marc 4 March 22a.1 certify that (1) (this haspital) attended the deceased from. MARCH 7 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on ___ obove, (1) (we) [did] (did not) view the body after death 22c. DATE SIGNED DEGREE

226 SIGNATURE MEDICAL ATTENDING mo PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS STANKIEWILL MD.

23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)
BURIAL MARCH 22,1985

NICHOLS BETHEL CEMETERY

23d. LOCATION CITY OR TOWN ODENTON

STATE MD.

24 FUNERAL DIRECTOR SINGLETON FUNERAL HOME GLEN BURNIE, MD. 21061

FOR

BY REGISTRAR 256 REGISTRAR'S SIGNATURE rive Daydoon-Mandall

COUNTY

(VRA 15, 4)

BP

DHMH - 16 50M 4/83

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

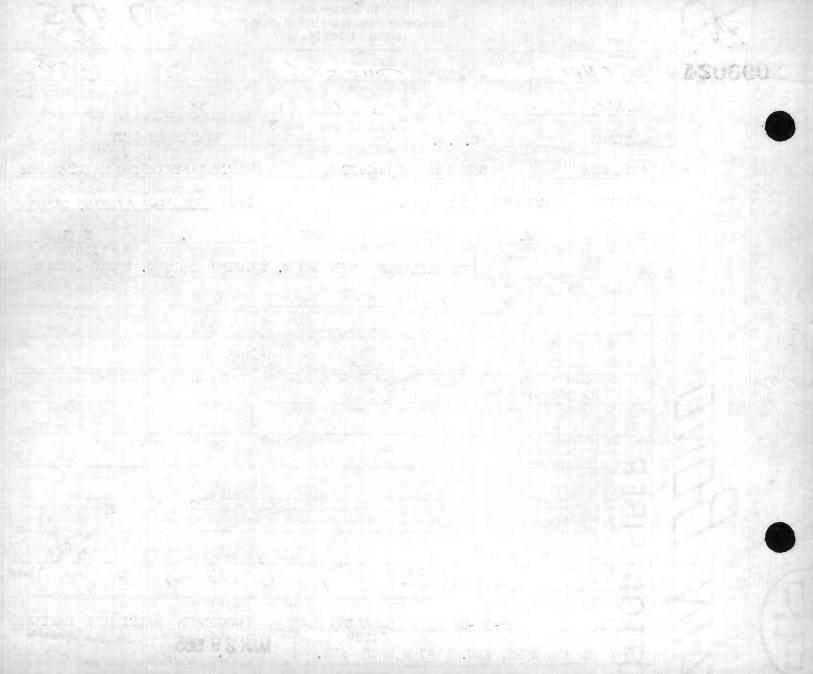
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REGISTRAR				CERTIF	ICATE OF I	PEATH		REG. NO.			
1. DECEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DE		DAY YEAR	26. HOL	
(TYPE OR PRINT)	CHARLES	C W	ILLIAM	- DU	NNOCK 3	Ch		3	25 81	194	AM
3. SEX	4	RACE		5. DATE (YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAY		R 24 HRS
MALE	750	CW.	HITE	05	12	06		78 Y	rRS.	, , , ooks	
	R FOREIGN 7		WHAT COUNTRY?	0		-			UNTY OF DEATH		
MARYLAND	MARYLAND U.S.A.				D NEVER	VORCED [BAI	LTIMORE	CITY		MD.
O CITY OR TOWN OF D	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	126 USUAL OC			OF BUSINI	ESS OR	
BALTIMORE			ON SECOUR		PITAL		WEATHE	R STRIJ	PPING MAI	NTENA	NCE
130. STATE	IRSING HOME OR C		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	ITY LIMITS?	13e.STREET ADI	DRESS / ZIP	CODE		- 9
MARYLAND	BALT	MORE	CATONSVI	LLE	YES 🗌	NO 🔀	1200 IN	GLESI	E AVENUE	. 212	07
14 FATHER'S NAME		IDDIE	LAST		15 MOTHER	S MAIDEN NA	ME	MODLE		AST	
JAMES		J.	DUNNOC	CK	MA	RY		E.		AYLOR	3
160 WAS DECEASED EVE	R IN U.S. ARA	NED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDRESS	212	07	
NO (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	UNAVAILA	BLE	WILLI	AM E. I	COPPING	5505 V	W. NORTH		JE
			r line for (a), (b), gni	d (c).)			1		APPRO BETWEE	XIMATE INTE	RVAL D DE ATH
PART I. DEATH		BY: CAUSE (a)	Resta	rats	Ry	j-ai	Lera				
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PART 2 OTHER SIG	GNIFICANTO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDITIO	N GIVEN IN PART	lia	
	0	x al W	H'a								
NO DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPS	SY? 20b.	IF YES, WERE FINE	INGS USE	D
190 DATE OF OPER							YES N	10D INC	CERTIFYING CAUS	S OF DEA	
210. ACCIDENT WAS U		216. TIME C		V VEAR	21t. HOW IN	JURY OCCUR	RED (ENTERNATUR	E OF INJURY IN IT	EM 18 PART I OR PART 2		
An decimal and	,	n	.M. MONTH DA	19	2000						
OR CONTRIBUTING E			OF INJURY	- 17	211 LOCATE	NC			COUNTY		STATE
ALLING MOL	WHILE D	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREE	99 X		ITY OR TOWN	COUNTY		STATE
220 I certify that		al) attended th	ne deceased from_	2.	9	19 Cl	to	1.0	1 19 60	, that (1) (we) last
saw the dece abave, (1) (we				g a	nd that in (my)	(our) opinion	death accurred o	on the date an	d hour and from th	e causes st	ated
226. SIGNATURE	·A				DEGREE		ELLE ELLE		22c DA	E SIGNED	3000
	A	0.45		·	w.)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []] -	13.61	· .
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT	1 ATK	ilsi	12/ ADDRES		011	0	Ma	2,20/1	· war
1009	ed Il	f side	Do.	- 1	10	05 10	18 46 6	(de	(21 2)	1.	
23a. BURIAL, CREMATION	N, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATK		COUNTY		STATE
BURIAL		03-30)-85	LORI	RAINE P	ARK	WOODL	AWN B	ALTIMORE	MARY	YLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If He

BURIAL 03-30-85 LORRAINE PARAMETER ON CONTROL OF COMPLEX ON CONTROL OF CONTRO LORRAINE PARK 21229 WOODLAWN BALT IMORE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-Nathan Dupree 19 85 4. RACE S. DATE OF BIRTH . 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYL 11:30 PRONOUNCED BLACK MALE DEAD 19 85 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED S Baltimore City, DIVORCED WIDOWED IO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore University Hospital BREWER STEE RETH. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE MARYLAND YES NO [NA PALIS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE LAST DUPREE CHARLES 16b. SOCIAL SECURITY NO. 17. INFORMANT 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** T. PAGES | (YES, NO. OR UNKNOWN) 216-52-4626 JACQUELINE DUPREE 104 SUNMAR COURT N/A NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Chest (unspecified) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION WRITING THE WO-BARDED TO THE CHIEF AGE 3 SHOULD BE USED ATE DEPARTMENT CF HE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YESXX NO [210. EXTERNAL CAUSE WAS 16. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 10: 40PM 3-27 1985 subject was shot 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALUMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE XX AT WORK 2300 Blk. Druid Hill Rd., street Balto., Md. 22s. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinian HamicideXX death resulted from Natural causes Undetermined monner TITLE (SPECIFY) Assistant 3-28-85 EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 (TYPE OR PRINT) 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE **ARBUTUS** ARBUTUS BALTIMORE, BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** APR 4600 DYETT LIB HGHTS AVE (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

MARRIED NEVER MARRIED

DURHAM

5. DATE OF BIRTH MONTH

REG. NO.				
MARCH 7, 198		YEAR	1:4	
6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER	TYEAR	IF UNDER	24 HR
31 YR	SHINON	DAYS	HOURS	ALIN
BALTIMORE CITY OR COUNTY BALTIMORE		ATH		

To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY N. Carolina

4 RACE

ARDEAN

Black

JOHNS HOPKINS HOSPITAL

WIDOWED

13d INSIDE CITY LIMITS?

YEAR

54

13e STREET ADDRESS / ZIP CODE 3732 Manchester Avenue21215

Maryland 4 FATHER'S NAME

BALTIMORE

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MR

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DR

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REL

- STATE

REGISTRAR ECEASED NAME

Female

MIDOLE Ο.

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13b COUNTY

Coppage 166 SOCIAL SECURITY NO

13c. CITY OR TOWN

Baltimore

213-62-8797

E.

FIRST Arlean 17 INFORMANT

15. MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

LTYPE OF WORK FOR MOST OF WORKING LIFE)

Evans

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

126 KIND OF BUSINESS OR

INDUSTRY

James

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO

PART I. DEATH WAS CAUSED BY.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Isaac Durham 3732 Manchester Avenue

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

IMMEDIATE CAUSE

200 AUTOPSY?

MEDICAL

NO

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

> 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211 LOCATION

THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED NOT WHILE

226. SIGNATURE

AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 27a I certify that (I (this hospital) attended the deceased from

21e. PLACE OF INJURY

Cour populion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

MICHARE

mo

DEGREE

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN N. WOLFE ST. BALTO. MD.

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL BURTAL

23b DATE 3/11/85

7mp~

23¢ NAME OF CEMETERY OR CREMATORY Baltimore Cemetery Baltimore,

STATE Md.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

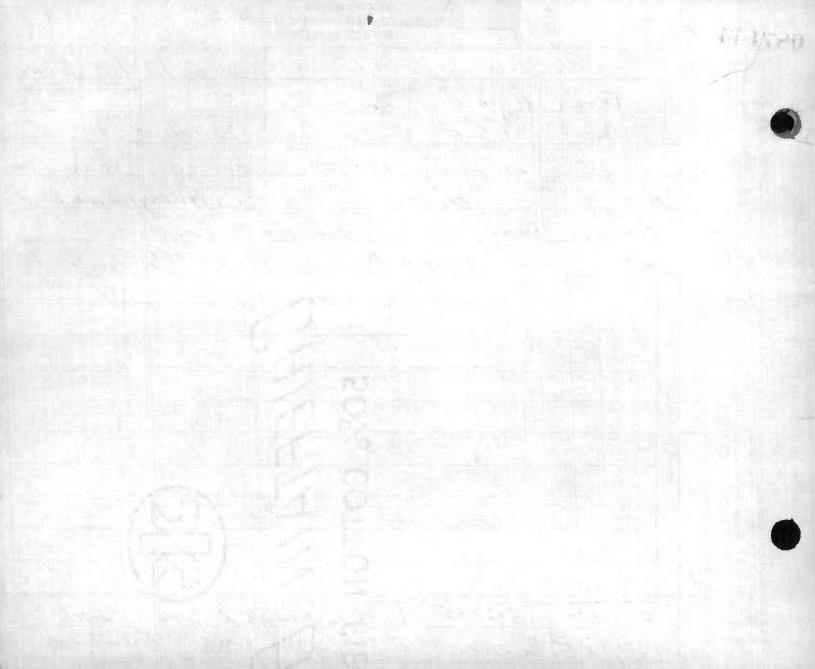
(VRA 15, 4)

C March F/H Inc.1101 E North Avenue

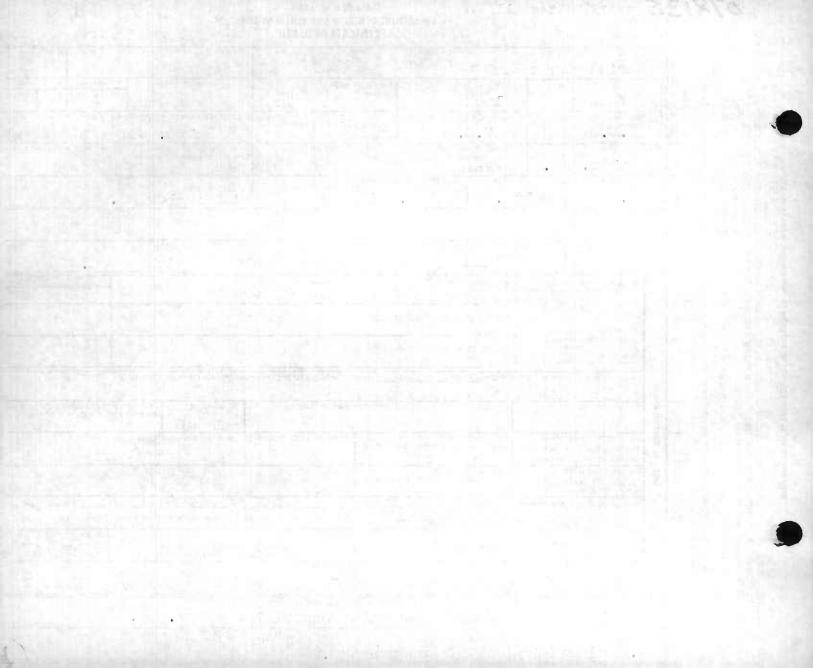
REGISTRAR 2519 REGISTRAR'S SIGNATURE



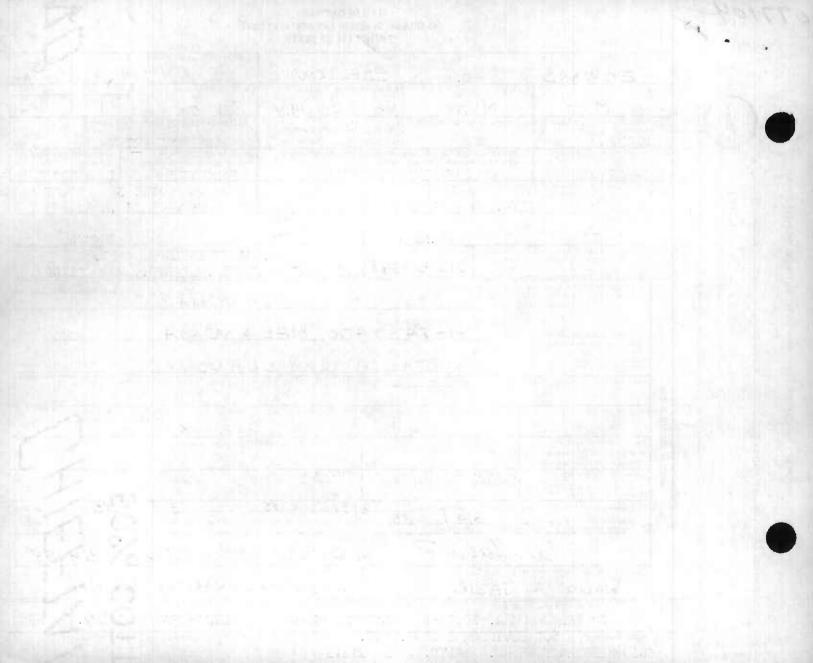
Market by Mill and Strate Co. Bird Market and Co.



\$01813		5/21/85 Item FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
10 75 E		CEASED NAME FIRST OR PRINT) Harina Inez	Earl	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
1	3. SE	× Yemale	A RACE Black	5. DATE OF BIRTH MONTH DAY 12 29		UNDER LYEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN
070 e 22 e	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. City	F DEATH MI
by the filled with		Balto. Hd.	(IF NOT IN SUCH FACILITY, GIVE STR		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
24 hou culd be in ould be in	USU 130	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BERNY 134 CITY OR TO BALTO	WN ~ 1134 INSIDE CITY LIMITS?	13. STREET ADDRESS 622 Wicklow Rd.	21229
completely ond 2 sh	14. F	Pink Brooks	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIODLE	LAST
an ond co	16a \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SE 216-28		ADDRESS 1e 622 Wicklow	Rd.
requires that the death certific in signed by the ottending phy. Then please remove corbango into burial, cremation, or removinjury, or ather troumotic event	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	4	UENCE OF		
The low incion. It has been as it permit. If you are a shows on you are a shown on you ar	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO YES	
SICIAN: ng phys certifico priol-trac tem 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
INDING PHY	ME		(AT HOME, STREET, FACTORY, OFFICe	E, FARM, ETC.) STREET		COUNTY STATE
TAL OR ATTE		22b. SIGNATURE	Tounly	DEGREE ATTENDING PHYSICIAN	death occurred on the date and haur a	111 DAJE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL Eshauld be deto with the State E IMPORTANT: If	22	22d PHYSICIAN'S NAME (TYPE OF	GORMCEY	900 LATON	HIE BATTO. M	2 21229
	(BURIAL, CREMATION, REMOVAL	3/19/85 23	Arbutus Lemorial	Balto. Na.	STATE STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24. F	UNERAL DIRECTOR C. Wainwrigh	at 2700 Damon	1 1111	HRECD. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE



77104	1 - :	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE S	0 7 -	8 1
क हैं इ.स.	1. DECE	ASED NAME	FIRST		MIDDLE	_	ELSON			2b. HOUR
may be page	3. SEX	EDWA	KD	4. RACE	0.	5. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
- (11)	To BIRT	HPLACE (STATE OR			HITE WHAT COUNTRY?	8	/ 29/1914	XXX 70 9. BALTIMORE CITY OF	YRS.	Н
気がある		ARYLAND		US		MARRIE	NEVER MARRIED DIONORCED	BALTIMOR		MD
ofter the f	70, CILA	OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	ND OF BUSINESS OR
in by	USUAL	RESIDENCE (IF NUR	ING HOME OR	OTHER INSTITUTION.	SAMARITA GIVE RESIDENCE BEFORE	ADMISSION)		EXECUTIVE		USTRIAL
MARYLAND 2120 ed within 24 hours ond 2 frougle file excemile file in by	13a. ST.	ARYLAND	13b COUN	ALTO.	13c. CITY OR TOW BALT IM		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 27 STONEHEN		SALES #21208
etely 12 m		HER'S NAME		MIDDLE	LAST	OILD	15. MOTHER'S MAIDEN NA/		OL CIR.	LAST
	Janes Land	LOUIS			EDELSO		ANNA	WIDDLE	SEN	ISUL
BALTIMORE, cate be execut special and ca appear. Pages I vol.		S DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT MRS.	JANET EDELS	ON APT.	3
TIM be a	NO)			215050	048	27 STONEHEN	GE CIR. BAI	TO, MD	21208 PPROXIMATE INTERVAL WEEN ONSET AND DEATH
NG PHYSICIAN: The law requires that the death contending physician. Ifter this certificate has been signed by the attending as the burial-transit permit. Then please remove carbot hand Mental Hygiene prior to burial, cremation, or racked at them 18 shows any injury, or ather traumatic	P	gove rise to im- cause (a), statii underlying cause	ng the last.	(c)	RAS A CONSEQUE	NCE OF	ATIC MEL ATIC ME NOT RELATED TO THE TERM	LANOMA		RT 1to
At RECOR	CERTIFICATION	DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES □ NO 🌠	206. IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH? NO
N OF VITA BICIAN: The ng physicie certificate ental transit ental Hygie frem 18 sho		TO ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	RT 2)
MVISION C offending offer this ear as the burion h and Ment	ш	Id. INJURY OCCUR		21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TOV	VN COUN	TY STATE
TTENDIN	2	2a I certify that (1) sow the deceos above, (1) (we) (ed alive an	3	19/ 10 8	2.00	d that in (my) (our) opinion o		te and haur and fran	
AL OR A the has the has a the has the has the Dept.	2	26. SIGNATURE	a	, Ja	in		ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL of Stoud be deto with the Store of IMPORTANT. If	2	WALI		· JAZ	iri'		220 ADDRESS 5601 Good			1100
BP		RIAL, CREMATION, ECIFY) BURI.	AL		10,1985	BALTI	MORE HEBREW	RETSTERS	TOWN BALT	ro. Mid
DHMH - 16 50M 4/82 (VRA 15, 4)		PAME REIST			DN & BROS BALTO. S.		21215 25a. DATE	REC'D. BY REGISTRAR	sh REGISTRAR'S SIC	



	(1)	deoth 3	
T., BALTIMORE, MARYLAND 21201	riticate be executed within 24 hours after death. Page 4.	physician and campletely filled in by the funeral director opposite Pages Land Zahauld be filed within 72 hours of menal	and the parties of th
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fause 4, fair, be refounded by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending privit as and carcinitat it liab in by its funded dates and should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pager Land Zaharid be falled within 72 hours of the day with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or announced.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic ment in more disclorations and
	TO HOSPITAL OR ATTI	TO FUNERAL DIRECTC should be detached for with the State Dept. of	IMPORTANT: # # # 21

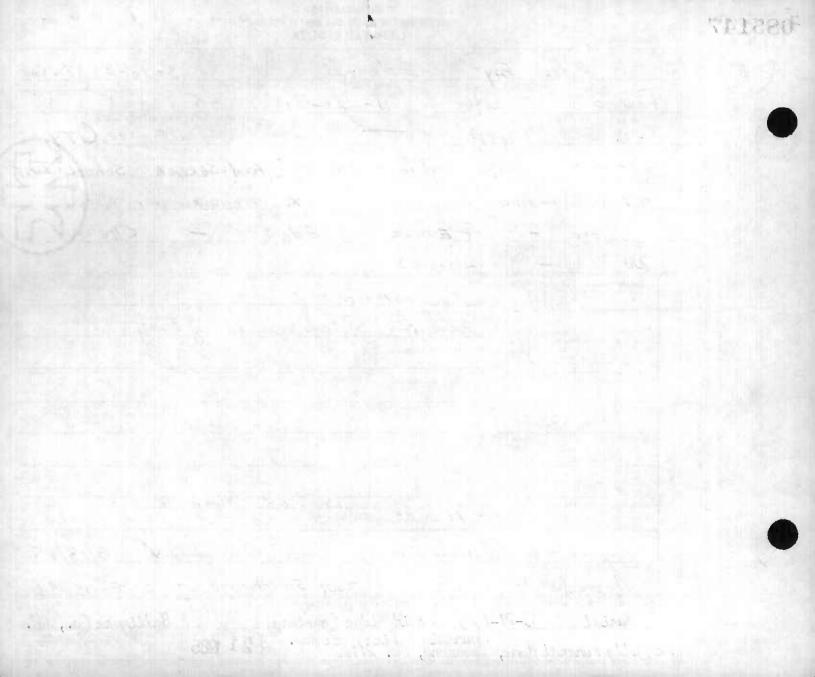
STATE OF MARYLAND DEPARTMENT OF ICALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
		CEASED NAME	FIRST	1	MIDDLE	- 1	AST	2a D	ATE OF DEATH	MONTH DAY	YEAR	25 HOUR	
	41566	CKMINI)	din	Fre		Edu	wards	119 23		3-18	-85	8: 28	1
	2 SE7	X .		RACE		S. DATE C	OF BIRTH	6 AG	E (IN YEARS LAST BI		UNDERIYEAR	IF UNDER 24+	HRS
	-15	Canada		11.	do	MONTH	DAY YEA		45	MOI	NIHS DATS	HOURS N	AIN.
	/	PTHOLACE	24	MINISTRA	WHAT COUNTY) / l	- 27 - 3		LTIMORE CITY O	YRS.	EDEATH		
h		RTHPLACE (STATE OR FO	REIGN /b	CITIZEN OF	WHAT COUNTR	MARRIE	NEVER MARRIE	D V BA	A A	1.4.	1	S /	
1		6 A.		451	4	WIDOWE			870	Mimo		14,	MD.
6	CI	ITY OR TOWN OF DEAT	н јіі		HOSPITAL, NUR H FACILITY, GIVE STE		R OTHER INSTITUTIO		OF WORK FOR MOST		126 KIND OF	BUSINESS	OR -
3	2	1/4 mor	2 /	South	Beel	/timore	Gen. Hosp	i feel Fee	1 -	ICE	Schoo	16-In	15%
7.4	HISUA 17a S	AL SIDENCE (IF NURSIN	IG HOME OF	HEMINSTITUTION	GIVE RESIDENCE BE		13d. INSIDE CITY LIM	TS2 112. ST	REET ADDRESS	/ 7IP CODE	7	113:	2
0	27.010	241	Poklad	Toka	1	leng	YES NO		- 7 -	WERKY	Har	// 6	
2	F F A	THER'S NAME	2.5.11		0 -0 -0		15. MOTHER'S MAIDE	NAME	1				
4	1	Whatter	MID	DLE	FIEN	NER	FIRST	WA	WIDDLE		THER		
7		VAS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT	7773	ADDR	ESS		1	
	100	ES NO GRUNKNOWN)	(IF YES, GIVE W	AR OR DATES]	213386	00 2							
		Lie CAUSE OF BEATH	· C · A · · · - I · ·								APPROXI	MATE INTERVAL	
H		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED B	BY.	line for lo i, lb i,	and m	estario				BETWEEN	INSET AND DEA	LTH_
			MMEDIATE (AUSE (a)	Con	CINO 11	- Clark						
	1			DUE TO, O	RAS A CONSE	QUENCE OF	11.		-	1			
		Conditions, if any, gove rise to imme		(b)	Mers	नामः(Holenoc	ercipul	ua of	Lung,			
couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF									U				
		underlying couse	lost.	(c)									
		PART 2. OTHER SIGNI	FICANT CO	nditions <u>co</u>	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE	TERMINAL	ISEASE OR CON	IDITION GIVEN	IN PART 1:0		
	ō												
7	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED	
	TIF			CO /				YE	S NO	YES		NO []	
7	CER	210. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c. HOW INJURY O	CCURRED (E	NTER NATURE OF INJU	IRY IN ITEM IB PART	I OR PART 2)		
1		OR CONTRIBUTING CA			M. MONTH								
	MEDICAL	21d. INJURY OCCURRE		21e PLACE		19	211 LOCATION						_
	ME	WHILE NOT WHILE			EET, FACTORY, OFFI	CE FARM ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE	E
		AT WORK				21/100	./ 12	0.0	Wheat	107	0.6		
		22a 1 certify that (1) (Hugh			13.19.	<u> </u>	nuch			hot (I) (we)	
	-	saw the deceased obove, (1) (we) (di			ofter death.	0 5 . 01	nd that in (my) (our) op	oinion deoth o	occurred on the o	ote and hour o	nd fram the o	ouses stated	3
		776 SIGNATURE	/)	0	1/1.	DEGREE			. /	22c. DATE	SIGNED	
	6.5	(609)	14	- (1	avelo	Wille of	ATTENDI PHYSICI		CTOR PHYSI	CIAN	3//	8/85	5
1	000	224 PHYSICIAN'S NA	ME TYPE OR PR	RINT)			22e ADDRESS						
		ACEVE	do	1/1/1/1/1/	M.D.		3001 5	Han	lover S	t bu	HEMOR	e Mal	1
		BURIAL, CREMATION, R	EMOVAL	23b. DATE		3t. NAME OF C	EMETERY OR CREMAT		LOCATION		111.101	-, 101	
		(SPECIFY) Q		3-21-1		David D	1 /		CITY OR TOWN	B-11.	OUNTY	STATE	1
	24. FI	UNERAL DIRECTOR		1-21-1	70)	Tulla M	dge (emete	a. DATE REC'I	D. BY REGISTRAR	25h REGISTEN	rore	0. 11	a.
	///	MAMEA .	11	1	jountain	2 antic	3 Neck Ros	MAAR 2	1 1085		Havey-	andelle	
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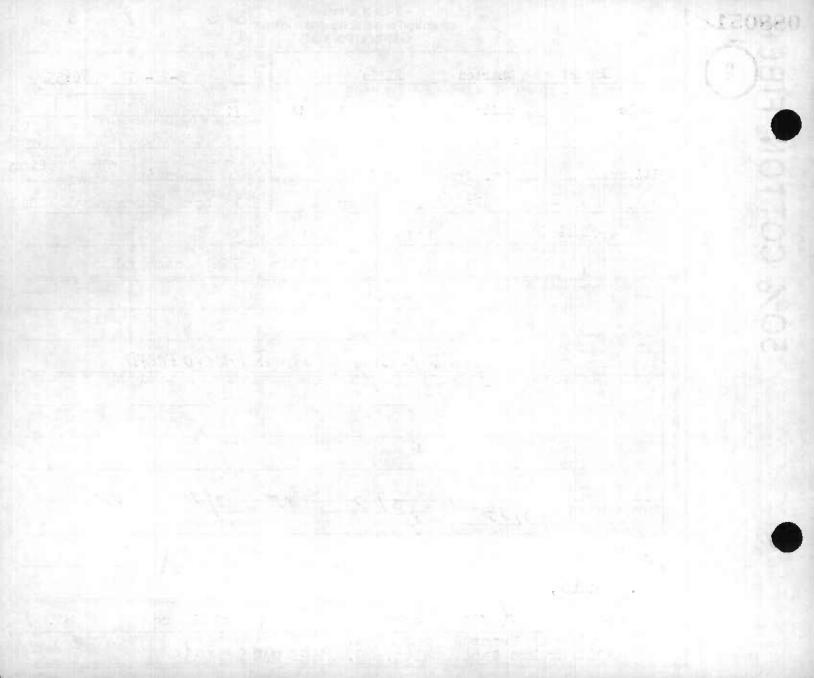
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

088051	1.	FOR - STATE REGISTRAR			DE	PARTMENT OF	E OF MARYI HEALTH AND FICATE OF	MENTAL HYG		Ú	7 4	8 3	
		CEASED NAME F	IRST.	i	MIDDLE		LAST		20. DATE OF DEAT		DAY YEAR	2b. HOUR	
2 (3h)	(11)	Edwar	d	Char	rles	Ell	is			3-25-	85	6:55P M	
	3. SE	х	4.	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS	
9 9 1	3	male		whit	te	5	5 1 14		70	YRS.		MIN.	
2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B		RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COU	NTRY? 8 MARRIE	D X NEVER	MARRIED -	9 BALTIMORE CIT				
\$ 11 825	10.0	Md.		U.S.A		WIDOW	ED C	IVORCED [Baltimore City MD.				
+ + +		ITY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, N CH FACILITY, GIV	E STREET ADDRESS)	OR OTHER INS	STITUTION	(TYPE OF WORK FOR MC	PATION OST OF WORKING LIE	12b. KIND C	of Business or S Station	
25 F 24 840		altimore AL RESIDENCE (IF NURSING	HOME OF OT	St.		es Hosp	pital		Auto Me	echani	cl Owr		
DA SEE SE	13a :	Md.	COUNTY	-	13c. CITY O		13d. INSIDE	3116 T	SS / ZIP CODE	ven Bl	lvd.21218		
The state of the s	14. F/	ATHER'S NAME					-	NO []	ME				
P 10 700		Edwa		DDLE		Ellis		Alice	WIDDI	E	Burga		
n ond ca Pages		VAS DECEASED EVER IN		D FORCES?		L SECURITY NO.	17. INFORM	ANT		DRESS			
ST., BALTIMOR		no	1 763, 0776 4	AR OR DATES	216-	03-9999	Mary	Ellis	(wife)	same	addre	255	
ORDS, 201 W. PRESTON requires that the deoth control of the please remove carb ior to burial, cremotian, ar-	CERTIFICATION		iote the lost.	DUE TO, OI	RAS A CON LEASE; DITRIBUTION	SEQUENCE OF J	LUS MU NOT RELATE	D TO THE TERM	Various St.	ONDITION GIV	VEN IN PART 1		
TAL REC The law icton. The hos but the hos but sit permit giene pri shows an	TIFIC/	DATE OF OPERATIO		176 CONDI	ITION FOR V	VBICH OPERATIO	IN WAS PERF	OKMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF FYING CAUSES S \(\Bar{\}\)	S OF DEATH?	
Phys phys infico		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	E OF DEATH	21b. TIME O HOUR A.	M. MONT	H DAY YEAR	21¢. HOW II	NJURY OCCURE	RED (ENTER NATURE OF	7			
IVISION O	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE (OFFICE, FARM ETC.)	21f. LOCATI		CITYO	RTOWN	COUNTY	STATE	
OR ATTEND hospital or IRECTOR: A thed for use opt. of Heal I is m	28.5	22a.1 certify that (1) (the saw the deceased above, (1) (we) (did) 22b. \$1GNATURE	did not) v	riew the body		3/ 1-4	DEGREE	ATTENDING PHYSICIAN	medical Single Director Physics	TAFF 1			
TO HOSPITAL OF TOTAL OF THE STATE OF SHAULD BE GET OF WITH THE STATE OF THE STATE O		A. Maciul											
BP	230 E	SURIAL, CREMATION, REA	AOVAL	3/28,	/85	Parkwo		CREMATORY	23d LOCATION Balt	imore	COUNTY	Md ^{↑A↑E}	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	JNERAL DIRECTOR LIN NAME 3331	nune Bre	k Fune hms La	eral ane,	Home, Balto.	Inc. Md. 2		AR 26 198	AR 256. REGIST	RAR'S SIGNAT	TURE - Mandelli	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH I. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 39 RICHARD RAYMOND ELMORE 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR MALE WHITE 31 06 12 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED [176 KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WORK FOR MOST O WORKING LIFEL INDUSTRY Shop Machinest SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE PENDENCE BEFORE ADMISSION) COUNTY CITY OR TOWN 13e STREET ADDRESS / ZIP CODF Tasadena 566 6th St. Pasadena, Md. 21122 Maryland A.A. 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Ellen Milton Elmore Smith 60, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 Mary L. Elmore (IF YES, GIVE WAR OR DATES) WW II 213-05-8784 566 6th St. Pasadena, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASIA CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse la, stating underlying cause d CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF YES [the burial-transit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN STREET

220.1 certify that (1) (this hospital) attended the deceased from Marc saw the deceased olive on 1 2 2 6 above, (I) (we) (did) (did nat) view the Bady after death. and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated

SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION

(SPECIFY) 3/29/85 Loudon Park Cemetery Burial 24 FUNERAL DIRECTOR

Baltimore

DIRECTOR PHYSICIAN

Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached

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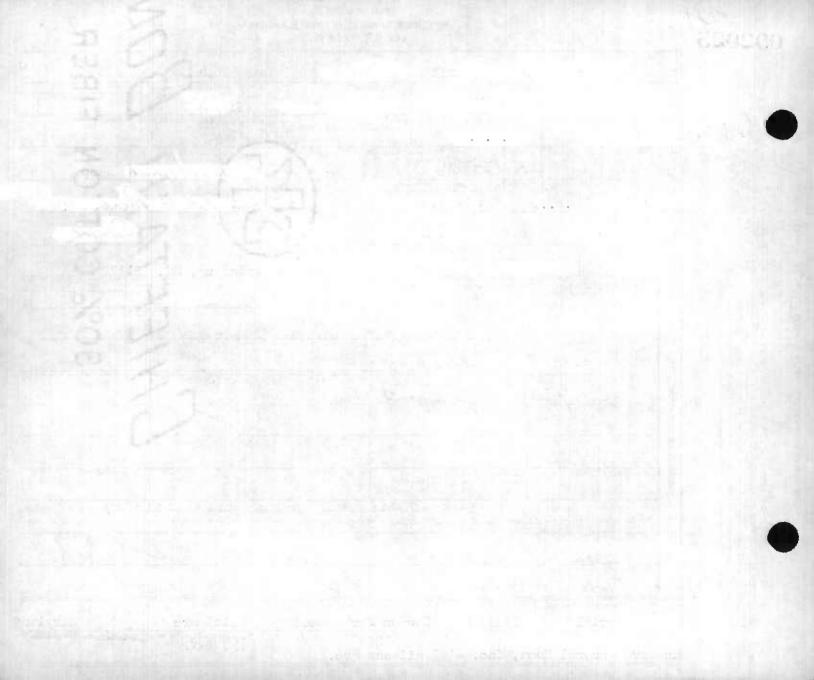
WHILE

NOT WHILE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

256. REGISTRACOG ANATHORANGE

COUNTY



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

8/1	252		FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
0 0 1		1. D	ECEASED NAME FIRST	MIDDLE	LAST		285 355 PM					
d you	3/	3. S	JOHN JOHN	M.	ELZEY 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS					
ge 4 n			MALE	WHITE W	MONTH DAY YEAR 30	545 YRS	MONTHS DAYS HOURS MIN.					
oth. Po	72 ho	70 I	SIRTHPLACE (STATE OR FOREIGN COUNTRY) laryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1771						
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ampletely	2002	P	John		ey, Sr. Erma	ME MIDDLE G.	Stack					
be execu	s. Pages e medica			MED FORCES? 166 SOCIAL SECU- WAR OR DATES) 215-24-		ADDRESS 434 Maryland Ave	e. 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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by the high	State Dep ANT: If He		226. SIGNAT THE	3/2/83								
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	v 3 ₹	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
BP	-	24	Burial	3/5/85 I	oudon Park Cemeter	y Baltimore	Maryland					

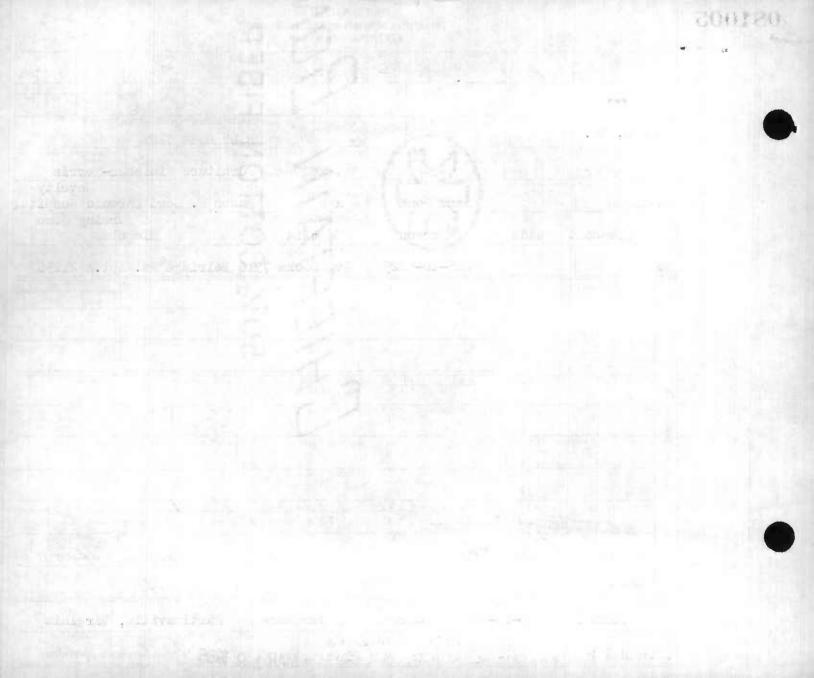
DHMH - 16 60M 7/84 (VRA 15, 4)

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120 ING PHYSICIAM: The low requires that the death certificate be executed within 24 hours, offending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. orked or fem 18 shows any injury, or other traumatic event, the nedical remover must be a controlled.		gave rise to imm couse (a), statin underlying couse	g the	DUE TO, O	RASA CONS	EQUENCE OF	erel	re a	nde	ing	-	Tu	K.
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	N	226. SIGNATURE	un	Ma	AND	1)		MEDICAL DIRECTOR	STAFF PHYSICIAN	2	36	4/1/2-
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are chiral and distance to the control of the contr Total Call Call Called Called

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O DATE KNOWN TX MONTH Harrison Fairfax DEATH MATED Engle 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 49yrs Male White 1985 Nov DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED West Va. USA. DIVORCED XX WIDOWED Baltimore City IL CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Sanitation Dep City/Balto Baltimore 1338 W. Lombard St. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 3a STATE Balto 1338 W. -Balto Co. YEXIX X NO [Lombard St 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME James Sarah Eliz(Dillow) Engle Engle, Sr. 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) Matthew Engle, Cou: Charles Town, WVa NO Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ____ Cirrhosis of Liver DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗍 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection X 220 I certify that I took charge of the remains described above, held an death resulted fram Homicide Undetermined manner TITLE (SPECIFY) 3/17/85 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial 3/21/85 Pleasant View Cem. Co., 07/84 24 FUNERAL DIRECTOR ADDRESS P.O. Box 388 **DHMH - 17** Anowelin Charles Town. W.Va. (VR A15 ME (5))

discourse.

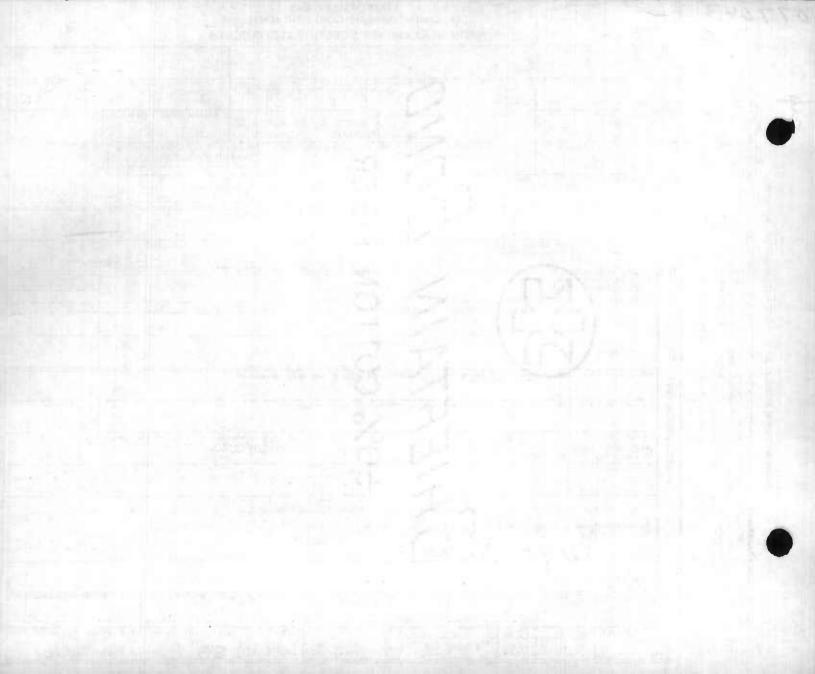
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Charles Town, w.vo.

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ORE, MD.	DEATH.)	James VAS DECEASED E	VED IN I. C. ADA	G.	Ensmino 166. SOCIAL SECURIT		Verna 17. INFORMANT	MIDD		Lynn	
BALTIMORE	B. GIVE PAGES WITH FORM	NC	ES, NO, OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)	213-72-9			Ensminger	ADDRESS , Smit]		
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DIVISION OF VITAL	S CERTIFICATE SHOULD RITING THE WORD "PE ROBE TO THE CHIEF A RE 3 SHOULD BE USED A E DEPARTMENT OF HEA OF PRIOR TO BURIAL, OF	MEDICAL CERTI		OR CAUSE OF D		1 1 3 - 10 - 85, YEAR			o/auto head	d-on co	[hision	
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	EXAMINER: CERTIFICATE UID BE FORV UID BE FORV WITH THE S WARMAND.		death resulted			Accident X , Su	Autop	, Hamicide ,	Undetermined mann			
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT POSE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BACTIMORE, MARYIAND	/	ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	MOCHA Me Mar	rgarita A	. Korell, M.	D.	D. Assistant	enn Street	ER SIG	TE 3-11-85	
07/B4	BP——AB AFE EXE	bi	JRIAL, CREMATIC	PN, REMOVAL 23		23c NAME OF CEA	AETERY O	R CREMATORY	23d LOCATION CITY OR TOWN Hagersto	own,Was	ounty si	land
25M	DHMH - 17 (VR A15 ME (5))		NERAL DIRECTO	MINN:	ICH FUNE	RAL HOME		25a. DATE	1 4 1985	256 REGISTRAR		

TE OF ALADYI



completely filled in by the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept-af Health and Mental Hygiene prior to burial, cremotion, ar removal.

085028

STATE OF MARYLAND

CERTIFICATE OF DEATH

-		NEO IO TRAIN						REG. NO	٥.				
		CEASED NAME FIRST	COLN	WIOOFE	EPPS			March 11,		985	YEAR	8:0:	
	3. SE X		1 RACE	5	DATE OF B	DAY YEAR		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	R I YEAR DAYS	IF UNDER	R 24 HRS
7		Male RTHPLACE (STATE OR FOREIGN COUNTRY)	Black 76 CITIZEN OF	WHAT COUNTRY? 8.		-27 NEVER MARRIED		58 BALTIMOTE CITY O	RECOUNT	TY OF DE	ATH		
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2 10 2	U5UA 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	OTHER INSTITUTION	OICAL CENTE GIVE RESIDENCE BEFORE ADA 13c CITY OR TOWN Baltimor	MISSION)	I INSIDE CITY LIMIT		13. STREET ADDRESS / 2531 W. P	zip coi ratt		. 2	1223	3
0		ATHER'S NAME William	Epp:			MOTHER'S MAIDEI		WIDDIE	Pear	son	LAST	T	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GO YES WW2	RMED FORCES?	250 20 740	16	ora Epp	ps 2	ADDRE 2539 Edmo				212	223
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	TION	PART 2 OTHER SIGNIFICANT					TERMI	other line		- 4	123	4	
	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH OP	eration v	VAS PERFORMED		YES X NO	IN CERT	ES, WERE TIFYING (YES X)			TH?
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		22a. I certify that X (this hasp saw the deceased alive an	March	11, 19 8:	, dita 1		inian de	, to			rom the		toted
		THE PHYSICIAN'S NAME (1991)	5			- ADDRESS	AN []	MEDICAL STAL	IAN P		3/1	SIGNED 2/8	35
		JOHN K. 6	Burga	Q				ven Blud. B	alti	more	MD	2121	8
	(1	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7 46	23¢ NAM			erv	23d LOCATION CITY OR TOWN	riell	COUN'		MD.	STATE
		UNERAL DIRECTOR	SDA 13	OO HUTAW	Plac	250	MA	REC 2 O RE 985 R	216-REGA	Straps	HATI	OKENOO	Julius "

Chass.A.Rice FSPA 1300 Eutaw Place

DHMH - 16 60M 7/84

MPORTANT: If them 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this

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the f		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OI INDUSTRY	F BUSINESS OR
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bee bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY?	20b. IF YES, WI	ERE NINDIN	NGS USED
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ronsic	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
g prentificant	₹	OR CONTRIBUTING CAUSE OF DE	AIR	19					
d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	F FARM FTC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
fter os th th on orked	~	AT WORK NOT WHILE		_					
R A A Leolin			ital) attended the deceased fram	00-00	Mony 1983			85	that (we) fast
Sprito CTO I for of h		saw the deceased alive ar above (1) (we) (did) (did no	at view the body after death.		nd that in (Our) opinia	n death accurred on the d	ate and hour an	d from the o	couses stated
OR A		221 SIGN TURE	than a		DEGREE	AAEDICAI STA	cc	22c. DATE	SIGNED
XAL deto		Byden	21/ m)	M.		MEDICAL STA	CIAN	3/18	185
FUNERAL STORE AND STEAM		224 PHYSICIAN'S NAME (TYPE	//		22e ADDRESS	0 8	00		THIOUS
TO HOSE etoined TO FUN should b		184 7. 8mc	ot JF, H.D.	herria (*	55 2. OLG	one St Bal	TOW, MD	212	01
5 - 2 Z		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OF TOWN	cc	DUNTY	_ STATE
BP			3/18/85 A	rbutu	s Memorial		us,		Md.
MH - 16 60M 7/84		UNERAL DIRECTOR	H Inc. 1101	Nort	h Avenue	AP 1 Q 1085	256 REGISTRAR	S SIGNAT	fandell.
(V/DA 15 4)	A AAT	" C LIGIT L'I	TILL TILL	TAOT	II AVCIIUT M	AL I WIND			

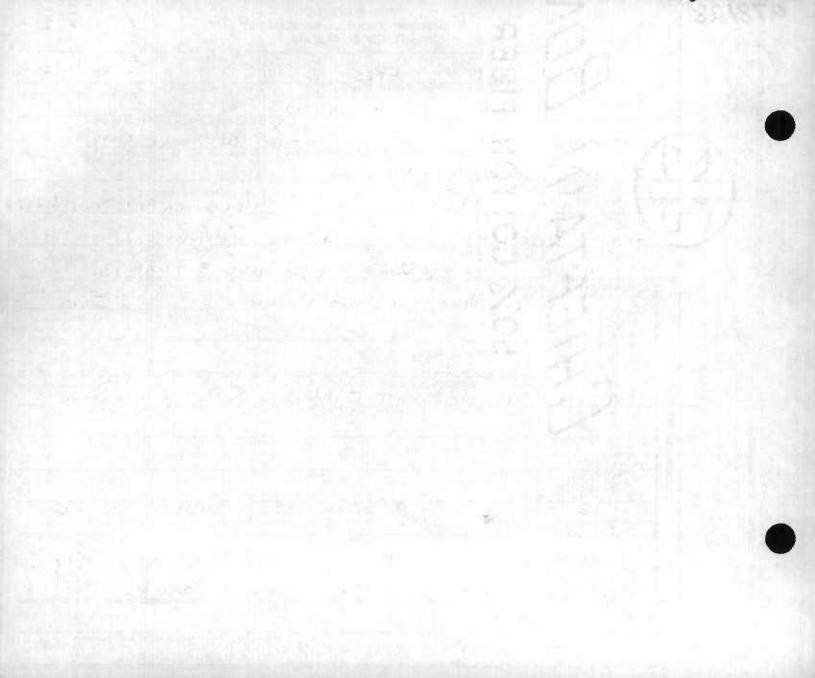
FOR STATE REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

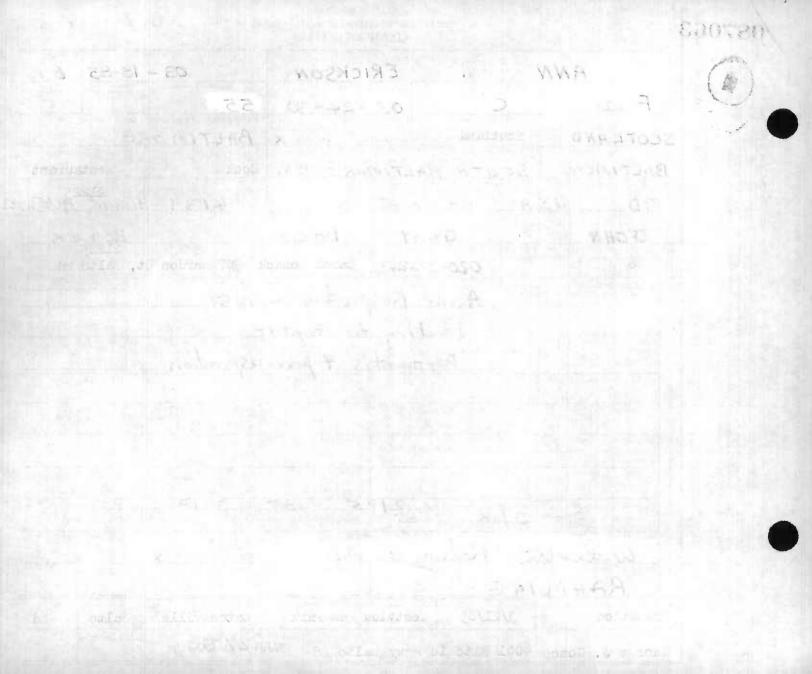
CERTIFICATE OF DEATH

REG. NO.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26
	AN		ERICKSON	<i>0</i> 3	
3. SE		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HO
70 P	Female BIRTHPLACE (STATE ON FOREIGN	White	03-24-30	9 BALTIMORE CITY OR CO	YRS DUNTY OF DEATH
	COTLAND	Scotland	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIM	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NL	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BU
	BALTIMORE	SOUTH A	BALTIMORE GEN.	Cook	Restar
	STATE 13b CQ	UNIY 13c. CITY OR	TOWN 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
14 F	ATHER'S NAME		TIMORE YES NO D		HAGUE I
	JOHN_	R. G	RAY DORIS	MIDDLE	BEAUS
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	21225
	No	020-2	28-2432 Carol Mosac	ck 907 Herdon	Ct, Balto I
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (0), (b) SED BY.	or, and ic	- 1	APPROXIMATE BETWEEN ONSE
		IATE CAUSE (0) TICHT	e Assiratory a	rrest	
		DUE TO, OR AS A CONS	EQUENCE OF	/	
	Conditions, if ony, which	(1b) e	ding to Asystol	e	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	ding to Asystol	e	
	gove rise to immediate	DUE TO, OR AS A CONS	eding to Asystol	aspination	
	gove rise to immediate couse (a), stating the underlying couse lost	(c) Pe	ritoritis + poss.	aspiration	ON GIVEN IN PART TO
NOI	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS (c) PO T CONDITIONS CONTRIBUTING	ritoritis + poss.	aspiration INAL DISEASE OR CONDITION	DN GIVEN IN PART 110
CATION	gove rise to immediate couse (a), stating the underlying couse lost	t conditions contributing	ritoritis + poss.	200 AUTOPSY? 20b.	. IF YES, WERE FINDINGS
RIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	t conditions contributing	GTO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b.	. IF YES, WERE FINDINGS CERTIFYING CAUSES OF
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES
	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI DEATH HOUR A.M. MONTH NER) P.M.	HICH OPERATION WAS PERFORMED TO DAY YEAR 19	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES
	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER NOTIFY MEDICAL EXAMIT	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	HICH OPERATION WAS PERFORMED 216 HOW INJURY OCCURR	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES
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	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED 22a. I certify that (1) of this had sow the deceased privation of the deceased	T CONDITIONS CONTRIBUTING 19b. CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	HICH OPERATION WAS PERFORMED TO DAY YEAR 19 216 HOW INJURY OCCURS 19 216 LOCATION STREET TO DEGREE DEGREE	200 AUTOPSY? 200 IN (YES NO TOWN CITY OR TOWN	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES
	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED 22a. I certify that (1) of this had sow the deceased privation of the deceased	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT MOME STREET, FACTORY, OF	HICH OPERATION WAS PERFORMED TO DAY YEAR 19 216 HOW INJURY OCCURS 19 216 LOCATION STREET TO DEGREE DEGREE	200 AUTOPSY? 200 IN COMPANY OF TOWN TO 3/18 death occurred on the date or	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES
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WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTING ALL EXAMINATION OF COUNTRIBUTION OF COUNTRIBUTING ALL EXAMINATION OF COUNTRIBUTION OF COUNTRIBUTIO	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 216 HOW INJURY OCCURE 19 216 LOCATION 51REET 217 DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IN COMPANY OF TOWN TO 3/18 death occurred on the date or	IF YES, WERE FINDINGS CERTIFYING CAUSES OF I YES N (EM 18 PART 1 ORPART 2) COUNTY 19 85 that Add hour and from the caus



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	1. DEC	CEASED NAME	FIRST		MIDDLE	L	AST	2a DAT	E OF DEATH MONTH	DAY YEAR	26 HOUR A
	(TYPE	OR PRINT)	Hazel	. C		Esle	v	0	3-05-85		8:30 N
	3. SEX	Х		4 RACE		S. DATE C	OF BIRTH	6. AGE	[IN YEARS LAST BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
	F	emale		White	9	wort.	-12-1903		82 YR	MONTHS DAYS	HOURS MIN.
5	7a. Bi	RTHPLACE (SI	ML.	76. CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOWE	D	△ 1	IMORE CITY OR COUR ltimore C	ity	MC
0	Ba	altimo	re	Bellain	Conva	Lesar	ium	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKIN		OF BUSINESS OR
5	13a. S	M.	N36,80		130. CITY OR TOW Belair		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	5	S. Hickory	Ave210	014
C	14. FA	THER'S NAME	ert E.	Esley	LAST		15. MOTHER'S MAIDEN I		WIDDLE	LA	
2		VAS DECEASED YES, NO OR UNKNO		ARMED FORCES? GIVE WAR OR DATES)	219-60	-3705	Walter B.	Esley	114 Comme Portland	rcial St. Maire	Apt/ 3
		Conditions, i gave rise t couse (a), underlying	f ony, which o immediate stating the couse last.	DUE TO, C	VASCE	y8±94.		SEX	CARDIC CARDIC		
	TION	6	NE	5770,	AC C	215	NOT RELATED TO THE TE	10K			
7	CERTIFICATION	190 DATE OF C	OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES	IN CEI	YES, WERE FINDI RTIFYING CAUSES YES [NGS USED S OF DEATH? NO
7	MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYING IG CAUSE OF IFY MEDICAL EXAMI	DEATH HOUR A	,m. month d .m.	AY YEAR	21c. HOW INJURY OCC	URRED (EN	er nature of injury in item	IS PART I OR PART ?}	
	MED	218 INJURY O	HGI WHEEL []		OF INJURY REE1, FACTORY OFFICE	0.4.0	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		sow the o	To the state of th	03-04-			nd that in (my) (our) opinion			hour and from the	that (I) (we) last square stated
		TO PHILIP	hrs Hallul	ES PRIE. R	ivera,M.	D.	ATTENDING PHYSICIAN 22e. ADDRESS	54 S	cott Adam		101
	23a. B	BURIAL, CREMA	TION, REMOV	AL 23b. DATE	23¢	NAME OF C	EMETERY OR CREMATOR		evsville,	Md. 210	30 STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If he

(remation 3-6-85 Greenmount (rematically Recommount) (rematically Recom

TE Veneza Al La Santana (12)

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE	CERTIFICATE OF DEATH
REGISTRAR	CENTIFICATE OF DEATH

0	74	94	
	, ,		

1	1 -	REGISTRAR				CERTIFICATE OF DEATH REG. NO. 01494									
			velyn	A	AIDDLE		vans		20 DATE OF DI	EATH MON	2	1985	26 HOUR	8	
1														M	
	3. SEX	female	4 RA	b l a	ck	5. DATE C		20	AGE (IN YEAR	64		IF UNDER 1 YEAR	HOURS	24 HRS MINL	
6	7a BIF	RTHPLACE (STATE OR FOI	REIGN 76 C	U S	WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRI	ED 🔟	Baltimore Balt	imore					
	-	TYORTOWN OF DEATH	Н 11.	NAME OF P	OSPITAL, NURS HEACHITY, GIVE STRE E. F. E. C.	eral eral	Street		126 USUAL OC (TYPE OF WORK FO				OF BUSINE	SSOR	
	USUA 130. S	AL RESIDENCE (IF NURSING	G HOME OR OTHER 3b. COUNTY	RINSTITUTION	Baltin	ORE ADMISSION)	134 INSIDE CITY LIA	AITS?	1506	DRESS ZII N. Br	P CODE.	dway	212	13	
d		rthur rthur	MIDDL	E	Harve	y	15. MOTHER'S MAIL Cynth			MIDDLE		Β'n	own		
	160 W	VAS DECEASED EVER IN YES, NO OR UNKINGWIN)	U.S. ARMED (IF YES, GIVE WAR		166 SOCIAL SEC 212-22		Hattie	Gros	ss 240	N. F	Patt		n Par	Ave	
		Conditions, if ony, gove rise to imme cause (a), stating underlying couse	which ediate the lost.	DUE TO, OI (b) DUE TO, OI	R AS A CONSEC R AS A CONSEC	DENCE OF	nitral	valu	e di	1 eoue			50 y	<u>~</u>	
7	CERTIFICATION	PART 2. OTHER SIGNII		196 CONDI		H OPERATIO	NOT RELATED TO THE		20a AUTOPS	5Y? 20 IN	Ib. IF YES	, WERE FIND YING CAUSE	INGS USED S OF DEAT	H?	
-	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA THE BITHER NOTHY MEDICA 21d. INJURY OCCURRE	USE OF DEATH	21b. TIME O HOUR A. P. 21e PLACE (FINJURY M. MONTH M.	DAY YEAR	211 LOCATION	OCCURRE	D (ENTER NATUR	RE OF INJURY IN	-	S ART I OR PART 2}	NO [TATE	
	W	while NOT WHILE AT WORK 22a certify that (I) (t sow the deceased above, (I) (we) (die 22b. SIGNATURE	this hospital) of	ottended the	e deceosed from	My or	nd that in (my) (our)		eath occurred o		and hour		, that (I) (we couses sto	,	
		224 PHYSICIAN'S NAM				M	22e. ADDRESS	CIAN 🗹	MEDICAL DIRECTOR	***		Mu	wh 4	1085	
	23a. B	BURIAL CREMATION, RI	TRALI	b. DATE		c. NAME OF C	ZOHNI EMETERY OR CREMA		PKINS 23d. LOCATH		_		2120	5	
		Burial UNERAL DIRECTOR		3/7/	/85 E	Castvi	ew Mem.	Pk.	Ba'I't	1 more		COUNTY PAR'S SIGNA	Mds.	ATE	
		lliam C.	March	F/H	1101 H	E. Nor		MA	R4 K	385 4		Devidoon	-Randi	102	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

IMPORTANT: If Hem 21 is marked as Hem 18 shows any injury, as other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanabors with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

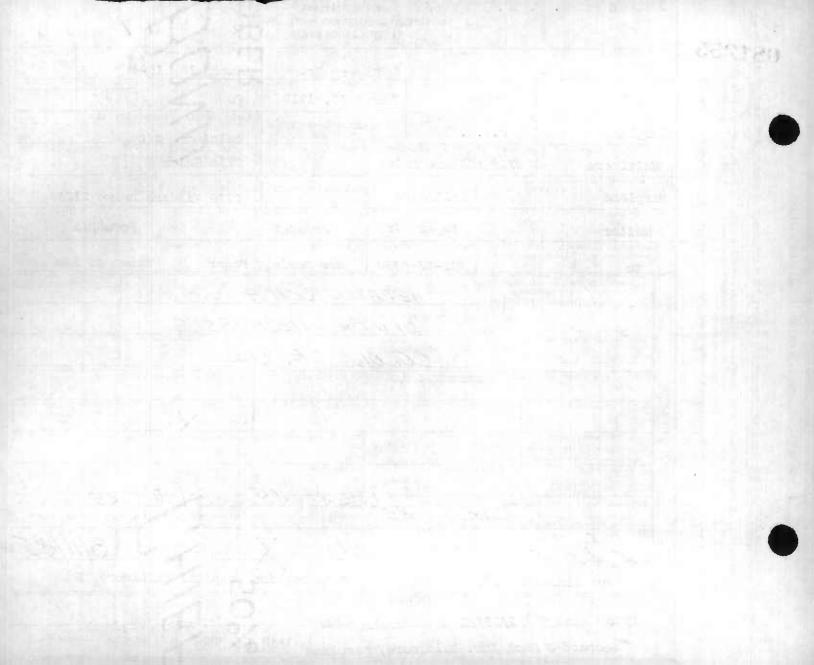


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Miles of Many of April 1984 of the

208510	6	FOR - STATE REGISTRAR		0 7	7497					
Page 4 may director, page 3 bours ofter debth	3. SE	CEASED NAME FIR U	EL 1. RACE	MIDDLE L	S. DATE C	- 21 - 10	6. AGE (IN YEARS LAST BI	YRS.	-85 NDER 1 YEAR THS DAYS	2b. HOUR 1 SQ IF UNDER 24 HRS HOURS MIN.
urs ofter death. by the funeral filled within 72 if	10 C	COUNTRY) N. Carolina ITY OR TOWN OF DEATH ALTIMULE ALRESIDENCE (IF NURSING HE	11. NAMEO	S.A. FHOSPITAL, NU UCH FACILITY, GIVE:	MARRIE WIDOWE JRSING HOME C STREET ADDRESS)	DE DIVORCED E ROTHER INSTITUTION HUSPITAL	BAITIMADE	ECITY		M BUSINESS OF
ted within 24 hours ompletely filled in by and 2 should be file	13a.: 1	Maryland 13b ATHER'S NAME FIRST Issiac	MIDDLE	Balt LASI Eva	imore	134 INSIDE CITY LIMITS? YES \(\bigcirc \) NO \(\bigcirc \) 15. MOTHER'S MAIDEN N FIRST	WIDDIE	_	Ave,	
cate be execut ysician and co apers. Pages I wal	(WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	2431	59414	Della Eva	ns 2106 C	liftwo		TENUE
es that the death certifued by the attending phyloses remove carbon phases remove carbon price, cremation, or remove at a constitution of the cons	NO	Conditions, if any, white gove rise to immedic cause (a), stating to underlying cause la	DUE TO, ich bite bite list. C(c)	OR AS A CONS	EOUENCE OF	LUNG CA		NDITION GIVEN	27	RS
N: The faw re right of the record of the rec	CERTIFICATION	19a DATE OF OPERATION	giG 21b. TIME	OF INJURY		WAS PERFORMED	200 AUTOPSY? YES NOTER NATURE OF INJURED (ENTER NATURE OF INJURE)	20b. IF YES, WIN CERTIFYIN YES	G CAUSES (
ATTENDING PHYSICIAN: The law require spatial or attending physician ECTOR, After this certificate has been sign of for use as the buriel-transit permit. Then it, at Health and Mental Hygiene prior to bin 21 is marked or Hem 18 shows any injury in 21 is marked or Hem 18 shows any injury	MEDICAL	OR CONTRIBUTING OF AUSTREAM OF THE AUSTREAM OF	21e. PLAC (AT HOME. hospital) attended		FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		COUNTY 8.1. II	STATE hat (I) (we) los
HOSPITAL OR inded by the hor FUNERAL DIRECULA be detached to the Storte Deprocession of the Storte Dep		sow the discosed of above, (1) (we) (did) (1) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	NAMS	dy after death.		DEGREE ATTENDING PHYSICIAN 170 ADDRESS PATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN	The DATES	
P P P P P P P P P P P P P P P P P P P	24 F	BURIAL, CREMATION, REM B世界IAL UNERAL DIRECTOR	3/2	3/85	Balti	EMETERY OR CREMATOR' nore Cemet	ery Balltim	ore,		Id. STATE
(VRA 15, 4)	WI	m CAMEMarch I	F/H Inc.	1101	E Nort	a Avenue 🕍	AR 21 1985	المانانية بيد. الم	1001. 16	6

36	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH									8		
081255		CEASED NAME	FIRST		MIDDLE		LAS1		20 DATE OF DEATH		DAY YEAR	2b. HC	OUR		
4 71	(1414)	OR PRINT)	ter		W .		ager Jr		March 10	, 19%	4		м		
1/ 11	3. SE			RACE		5. DAT	OF BIRTH		6. AGE (IN YEARS LAST !	BIRTHDAY	IF UNDER TYE		ER 24 HRS.		
- A		Male		Whit	:e	Ma	rch 15, 1	1914	70	MONTHS DAT	HOURS	MIN.			
Sont Bar	7a. B Ma	RTHPLACE ISTATE OR FOR	REIGN 7	D. CITIZEN OF		MAR	HED NEVER MA	ARRIED -	9 BALTIMORE CITY Baltimore				MD.		
ed a	10 C	TY OR TOWN OF DEAT	1 1			URSING HOM	OR OTHER INSTIT	- Property	120 USUAL OCCUPA	TION	12b KIND	OF BUSIN			
of the softe	1	B altimore		2719	Kildare	STREET ADDRESS)			Tile Sa.	les	OF WORKING (IFE) INDUSTRY				
24 hours	13a.	AL RESIDENCE (# NURSING TATE	S HOME OR O		13. CITY OR Balt	BEFORE ADMISSION TOWN	134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 2719 Ki.	ZIP COD ldare	E	21234	1		
makyla ed within mpletely and 2 sho	14. Fz	THER'S NAME FREST Walter	ŵ	IDDLE	Fage	er sr	15 MOTHER'S	MAIDEN NA/	ME		McCubh	î'n			
RE, RE, Col		VAS DECEASED EVER IN			16b. SOCIAL	SECURITY NO	. 17 INFORMAN	IT	ADD	RESS		1			
MORE or and or Pages		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-	05-9850	Mrs 1	Doris	T Fager	Sa	ame As	3 13e			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs rattending physician and campletely filled in by at the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. On the angle of the proof of the pr	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU					One couse per line for (a), (b), and (c) BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) APPROXIMATE IN BETWEEN ONISETA METH-STA-STA-SI'S									
ibs, 201 W. PRE quires that the a signed by the o hen please remo to burial, cremat njury, ar ather tra	z	gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	the lost.	(c)		SEQUENCE OF	DN C	ANC TO THE TERM		PINDITION GI	VEN IN PART	lio			
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the Day		22k SKGNATURS	Zu	uu	ou	9	PI	TENDING	MEDICAL ST DIRECTOR PHYS	AFF SICIAN 🔲	3 22c. DA	TE SIGNE	95		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ERTIF	ICATE OF DEATH	R	EG. NO.			
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ABDEL AZIZ	MINOUS	FAKHR EL	DIN	15. MOTHER'S MAIDEN NA/		IDDLE E	L-SHERB	ÏNY	
160 WAS DECEASED EVER IN (J.S. ARMED FORCES? YES. GIVE WAR OR DATES)	NONE	Y NO.	TAREK KHALI		ADDRESS Sa	me as #	13	
18. CAUSE OF DEATH (E PART I. DEATH WAS				ARREST				INUTES	
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gave rise to immedi cause is stating underlying cause I		RAS A CONSEQUENC	CE OF ZETSI	POVASCUCIAR.	ACCIDEN	1	4	doys	
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174. SIGNATURE 7	Porus 1. C	Orembers.		MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN =		15/82 15/85	
228 PHYSICIAN'S NAME		HAMBERS		JOHNS	HOPKIN	SH	SPITAL		
230 BURIAL, CREMATION, REA	A contract of			EMETERY OR CREMATORY	23d LOCATIO	OWN	COUNTY	STATE AV TA	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR 2222 Wisc Ave Wash DC EM. FALLS CHURCH, FAIRFAX, VA.
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Cata Kendren Randalle

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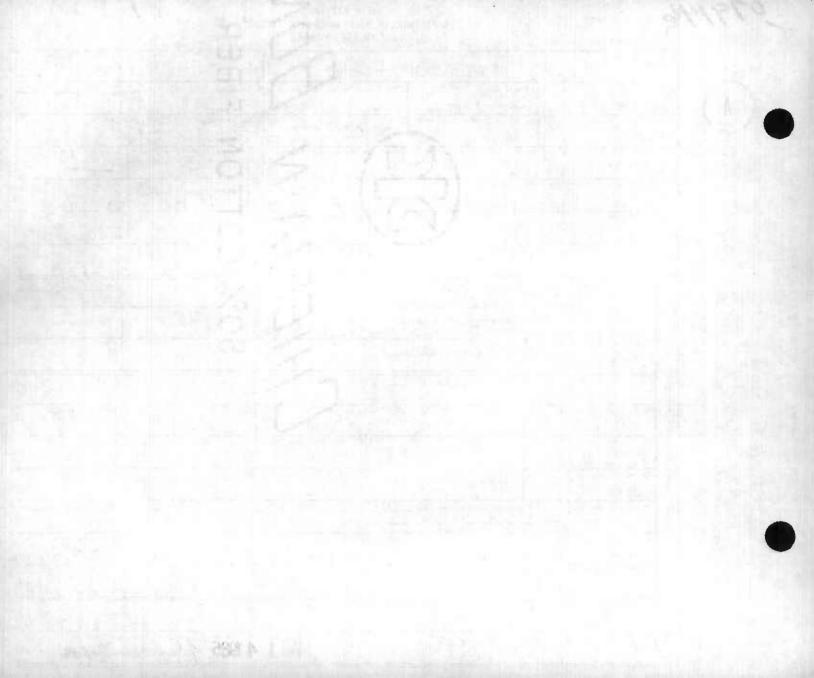
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICATE OF L	EAIN		REG. NO.					
		CEASED NAME FIRST MIDDLE				AST	J. 1962	2a. DATE O	F DEATH M	ONTH	DAY YEAR	IN THOOK		
	{TYPE	DORATE	V E	lizabet	h F	Anble	r		3	3	8 85	6-	AM	
	1 SEX		. RACE		5. DATE C		22,1-,13.	6 AGE (IN	YEARS LAST BIRTHI		IF UNDER I YEAR			
В	F	emale	CANCA	sian	MONTH	GAY	24	60		YRS.	MONIHS: DAYS	HOURS	MIN.	
10	Tu. Bir	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER	AABBIED []	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH		1975	
2	-	SA West Va	USA		WIDOWE	D DI	VORCED [BA	timore	Cit	y		MD.	
8	R	Attimore		HOSPITAL, NURSI		eyland 1	tospital	TYPE OF WO	OCCUPATION RK FOR MORE OF V			OF BUSINES	SS OR	
3	PSUA STAN			134 CITY OR TOY	MN	134 INSIDE C	ITY LIMITS?	136-STREET	ADDRESS / 3		287	21740		
1	14 FA	THER'S NAME	Widafe	Gill		15 MOTHER	FIRST Det	AE .	WIDDLE		Falu	ards		
2		(AS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	226-26-		17 INFORMA William	n E. Fai	uble	Rt. #9	Box	287	1740		
		18 CAUSE OF DEATH Enter or	ly one couse per	line for (a), (b), a	ind (c) 1		1		Hagero	COVVII		XIMATE INTERV	AL DEATH	
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	Myocar	dia	intal	Stion							
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Н		Conditions, if any, which (16) CORONARY OFTERY & SEASE												
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												
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1		OR CONTRIBUTING CAUSE OF DEA	CIP C		DAY YEAR									
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	W	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE	FARM ETC)	STREE			CITY OR TOWN		COUNTY	514	AIE	
		220.1 certify that (1) (this haspi	tal) attended th	e deceased fram		7	19 85	, ta	3/8		19 85	, that (I) (w	e) lost	
		saw the deceased alive an abave, (I) (we) (did)(did no	1) view the bady	ofter death.	85 !	nd that in (my)	(our) opinian d	death accurr	ed on the date	e and hav	r and fram the	causes stat	led	
		22b. SIGNATURE	,			DEGREE	TYCNIONIO	HEDICAL	CTAFF		73t. DATE	ESKINED		
		1 De Com	- Acc	2		40	PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	NA	3	8/85)	
		22d. PHTS WAME (TYPE OF	SANE	/		22e. ADDRES	iversi!	y of	MA	ryla	D H	OSDI	tal	
	23a B	URIAL CREMATION, REMOVAL	23b. DATE			EMETERY OR		23d LOC	ATION		COUNTY	V st.	ATE -	
	,	Burial /	Mar.11	,1985 Je	ffers	on U.Me	thodist	Jef	ferson	Fred	erick l	Maryla	and	
		MERAL DIRECTOR	tecke	ADDRESS.	100	01770	25a DATE	REC'D. BY	REGISTRAR 25	h. REGIST	RAR'S SIGNA	TURE		
	Ki	cketts Funeral	Nome M	yersvîll	e, MD	21//3	T LIFERI	4 190	J. gula	Maurid	son-lan	Letter .	,	



DEPARTMENT OF HAITH AND MENTAL HYGINES CENTELICATE OF DEATH BEG. HO. DEPARTMENT OF HAITH AND MENTAL HYGINES BEG. HOLD AND MENTAL HYGINES BEG. HO. DEPARTMENT OF HAITH AND MENTAL HYGINES BEG. HO. DEPARTMENT OF HAITH AND MENTAL HYGINES BEG.	11	#30-1	film G 601	3 38/8:	5 Km	STATE	OF MARYLAND	9 -	0	7 5 0	La
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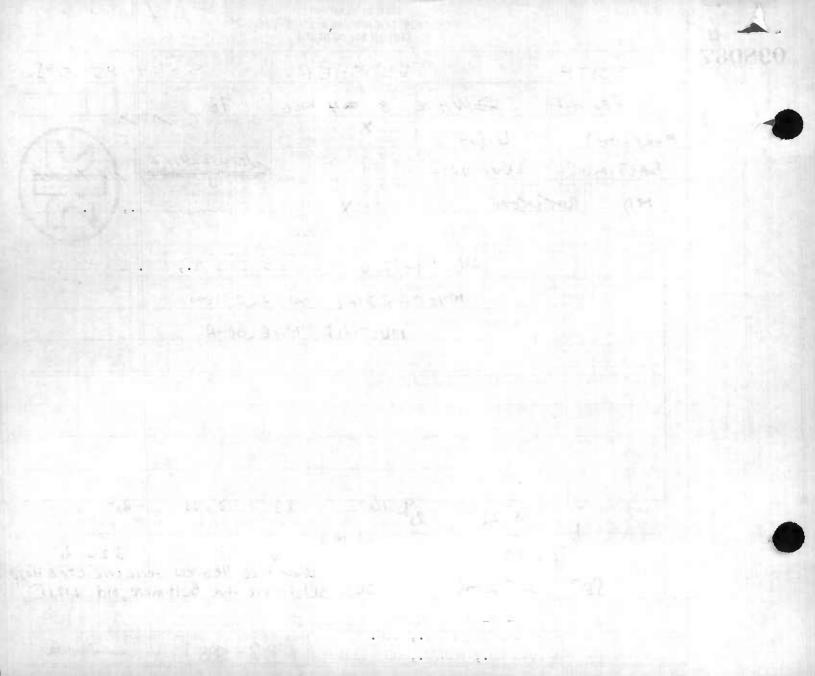
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ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211. LOCATIO STREET	ON		CITY OR TOWN	C	OUNTY	STATE
CTOR At		220.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (ive on Marc	45	of their	nd that in (my)	, 19 82 (our) opinion de		on the date on	d hour and		that (I) (we) lost couses stated
FUNERAL DIRE FUNERAL DIRE old be detached in the State Dept		276. SIGNATURE Bruce R. Mylandy MD 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 276. A					ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF PHYSICIAN [1	3//3	IGNED 145
Sold by the state of the state		Dr. McCurdy				1311	Francis	Avenue	9			
* 5233	23u. l	BURIAL, CREMATION, REM	OVAL 23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION	COU	INITY	STATE
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H - 16 50M 4/83		UNERAL DIRECTOR		ADD		229	250. DATE	REC'D. BY RE	GISTRAR 25b. RI	EGISTRAR'S	SIGNAT	IRE delle
(VRA 15, 4)	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 21229 ADDRESS VALUE OF THE PROPERTY OF THE PROP											



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWNXX DECEASED NAME 26 HOUR MONTH (TYPE OR PRINT) OF ESTI-1985 3-7 WITHIN 72 HOURS PRESTON STREET, Billy Fields FUNERAL DIRECTOR. 5 FOR YOUR FILES. 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST GIRTHDAY) PRONOLINCED 1085 Mule DEAD a. 76 CITIZEN OF WHAT COUNTRY 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH TX NEVER MARRIED USA apolina Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Mintenince Asst. Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 136. COUNTY BALTIMORE, MD. 21201 13g. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Fairmont Ave. Md. 14 FATHER'S NAME MIDDLE Golden Mantha Hammonds 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS YES NO OR UNKNOWN) Kathrun Fields 2043 Fairmont Ave 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: (handgun) Gunshot Wound of Abdomen IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2. DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III ED AS A I CERTIFICATION USED 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL DIVISION OF VITAL (body only FORWARDED TO THE COOK: PAGE 3 SHOULD BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOURX MONTH DAY UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH subject shot himself 10 85 6:15 p.m. 3-6 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK XX 7 N. Bradford Street, Baltimore, Maryland House TO MEDICAL EXAMINER: THE EEVIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2' (body only Autopsy XX 220. I certify that I taak charge of the remains descr Inspection and in my apinion XX Homicide death resulted from Notural couses Undetermined manner TITLE (SPECIFY) 3-7-85 Assistant MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Dennis F. Smyth, M.D. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Md. 07/B4 Durial BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR #56 REGISTRAR'S SIGNATURE **DHMH - 17** Weber & Sons Inc. 401 S. Chester St. (VR A15 ME (5))

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STATE OF MARYLAND

CERTIFICATE OF DEATH

U	/	REGISTRAR			CERTII	ICAIL OI D	CATH	REG	NO.			
		Charl		Rebecca		Fields		20. DATE OF DEATH		1985	130 P	м
	3. SEX		4. RACE	11 / 363	5. DATE C		YEAR	6. AGE (IN YEARS LAS	BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HR	_
		female	blac	ck	07	25	932	52	YRS.	, and the same		
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5		Maryland		S. A.	WIDOWE	D DIV	ORCED [Baltimore				AD.
		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH	DSPITAL, NURSIN FACILITY, GIVE STREET A	DDRESS)	OR OTHER INST	MOITUT	TYPE OF WORK FOR MO Domestic		LIFE) INDUSTRY	F BUSINESS C	
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, G		ADMISSION	113d. INSIDE CI	TV LIAAITS 2	13e STREET ADDRES	S / 7IP COI	217A S	uter Ro	bac
5	115	aryland Bo	910,	Baltimo		YES X	0 -	Baltimore			228	
2	14 FA	THER'S NAME	MIDDLE	Fields			MAIDEN NAM			Ragla	1	
		Granger VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	RITY NO.	17. INFORMAL		AD.	9 PF 55 S1	uter Roa		28
-	[7	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-30-	2304	Charle	ne D. I			re, Mary	land	
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		IMMEDIA	MINUTES									
		Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF (b) Acate Roual failure									5.	
		couse 101, stoting the underlying cause lost	DUE TO, OR	AS A CONSEQUE		vascule	Pota			yex	es	
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2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		INJURY MONTH DA	Y YEAR	21c. HOW IN.	URY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART OR PART 2}		-
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M.		19	211. LOCATIO	N					_
	WE	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA	ARM ETC }	STREET		CITY O	RIOWN	COUNTY	STATE	
		27a.l certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	MAKEY 18	19.5	ARREST .	之子 nd that in (my) (, 19 85 our) opinion d	eoth occurred on th			that (I) (we) lo	ost
		22b. SIGNATURE	or view me body o	ner deom.	197	DEGREE				27c. DATE	SIGNED	
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		224 PHYSIC NAME (THE	Chi Non	()	_	22e ADDRESS						
	72- D	URIAL CREMATION, REMOVAL	Stankien 1236 Date		D.	EMETERY OR C	DEMATORY	T23d LOCATION				=
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	24 10%	NERHABIRERIOSONS	2501 G	wynns Fa	lls F	Parkway		REC'D. BY REGISTR				-
	Fu	neral Home, Inc	. Baltim	ore, Mar	yland	21216	MAR	20 1005	2.1. A	5. i.l 70	2.00	
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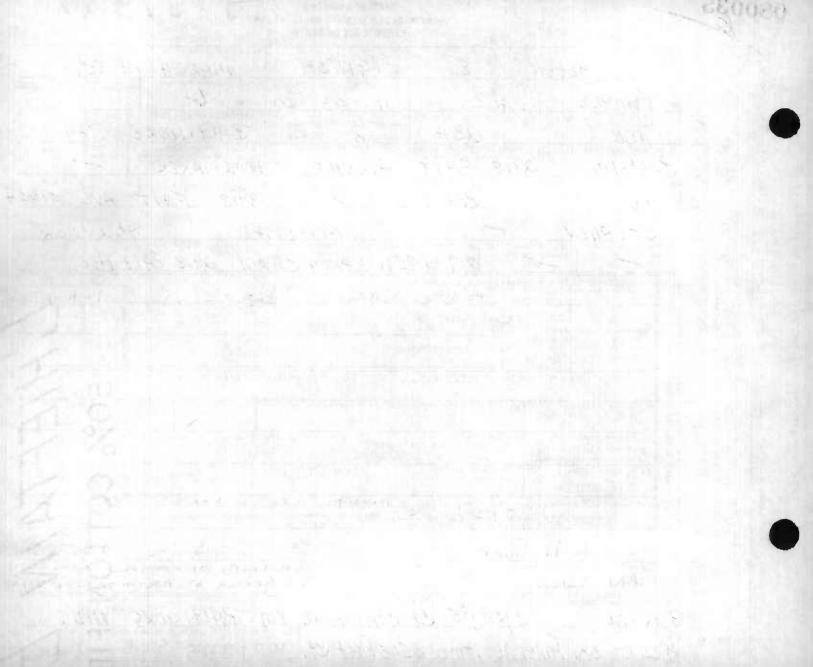
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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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FOR 1 - STATE REGISTRAR 1. DECEASED NAME FIRST MIDDLE FIVE OR PRINT) WHELEN 3. SEX 4. RACE 76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS A
1. DECEASED NAME FRST MIDDLE (1) THE CORPRINT) HELEN & ST. SEX ST. RACE CAUC.	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 1. I GINSKI 3. DATE OF BIRTH MONTH DAY YEAR 6. AGE (INYEARS LAST BIRTHDAY) MONTHS DAYS HOURS A
TIPE OR PRINT) HELEN E 3. SEX FEMALE CAUC.	5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
3. SEX FEMALE CAUC.	5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
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BALTIMORE 3913 F	HIT, GIVE STREET ADDRESS! INDUSTRY HOME MAKER INDUSTRY
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THE FATHER'S NAME MIDDLE MIDDLE	LAST IS. MOTHER'S MAIDEN NAME MIDDLE LAST
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saw the deceased alive on 3 12 saw the deceased alive on 3 saw the	
obove, (i) (we) (did) (did not) view the body offer of	DEGREE ATTENDING MEDICAL STAFF 22. DATE SIGNED
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THE AS DESCRIPTION OF STATE OF	220 ADDRESS (/O UNIVERSITY OF MARYLAND CANCER C
AN OFFER INTERNATIONAL STATE OF THE STATE OF	226. GERENS ST BACTIMORE MD 2



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	35	76. BII	RTHPLACE (SLATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUP	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALTIMO	OR COUNTY OF DE	ATH MD.
by the d	হ্ব		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JOHNS HOI	STREET ADDRESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION 12b.	KIND OF BUSINESS OR USTRY
24 hour filled in ould be f	35	USU/ 130. S	TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE	R TOWN	13d. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRES	S/ZIP SODE	ne. 21217
mplered within ad 2 shuge	00	14. FA	THER'S NAME, DERT	MIDDLE Chas	SI	15 MOTHER'S MAIDEN NA	MIDDLE	Goro	LAST
Poges 1	1:		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAI	10-0028	Mrs. MARI	e Diags	2305 OR	em Ave.
ST., BALT	4	9	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		(b), and ici.)	ARREST	00	-	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
on W. PRESTON SI			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON (b) LUN DUE TO, OR AS A CON (c)	G CANG	ER		d	months
duires agains signe hen pro bur to bur his bur		VIION	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION 1% CONDITION FOR V			MINAL DISEASE OR CO		PART IIO
Wax Soon &	2	CERTIFICATION	THE DATE OF OPERATION		WHICH OF EXAME		YES NO	IN CERTIFYING C	AUSES OF DEATH?
2 × 5 0 0 0 F 81	83		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN STEM 18 PART I OR	PART 2)
VISION VISION OF PHYS		MEDICAL	21st. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	10WN COL	UNTY STATE
ON O		1	270.1 certify that (1) this hospil sow the deceased alive on above. (1) (we) (did) (did no	attended the deceased ARCH I) view the body after death.	from MARCH	nd that in (my) our opinion	, to MARCH death occurred on the		,
by the haspite ERAL DIRECTO edeforhed for Stote Dept. of b			Bradley M.	Acres	MO	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN (1)	311/85
TO HOSPITAL et on HOSPITAL Should be det with the Store MPORTANT.	1		BRADLEY M.	DENKER		600 N. WIXES	s Hopkin	S HOSPITA	AL (20)
BP			CREMATION, REMOVAL	3-5-85	130 NAME OF C	EMETERY OR CREMATORY	L 23d. LOCATION CONTROL TOWN	to. Co	mid.
DHMH - 16 50M 4/8 (VRA 15, 4)	3	24. FL	DSEPH L. K	485 222200	W. No	th Ave. MA	R 6 1985		SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1	MIT-	REGISTRAN				REG. NO.	
		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	111111	FLORE	ENCE .	FIO	L	March 4, 1985	5 M
	1.563		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
)		Female	White	Aug	45 4004	80 YRS	
S		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
ſ.		New York	USA	WIDOWE	D DIVORCED	Baltimore C	ity MD.
ñ	10 CI	AND RESIDENCE OF THE PARTY OF T	11. NAME OF HOSPITAL, NU	TREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR E) INDUSTRY
9		Baltimore	2700 N.		t Street	Homemaker	Own Home
P	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OTATE 136 COUN	TY 13c. CITY OR 1	TOWN		13e.STREET ADDRESS / ZIP CODE	
2		MD	Balti	more		2700 N. Calver	t St., 21218
d	III. FA		MIDDLE LAST		is mother's maiden name Marie	MIDDLE	Dusting LAST
L	_	Walter	Thomp			ADDRESS	Ruto
		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES GIVE	WAR OR DATES]	SECURITY NO.	17 INFORMANT		
		No	265 22	3808	Rafael Fiol	, Sam	
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line far (a), (b) DBY:	, and	11.		BETWEEN ONSET AND DEATH
		IMMEDIATI	nente				
	13	Canditians, if any, which gave rise to immediate	(b)				
3		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	EOUENCE OF			10.2
d		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1/a
	NO		<u> </u>		The real state of the real sta	THE DISEASE ON CONDITION ON	ETT INT THE
	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED
?	TIFF	SOFT STANDS IN THE				YES NO YE	YING CAUSES OF DEATH? S NO
5	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IB P	ART I OR PART ?)
Ĩ.	CAL	OR CONTRIBUTING CAUSE OF DEAT	HT.	19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFF	ENCE EARM ETC.)	211 LOCATION	CITY OF TOWN	COUNTY STATE
	2	NOT WHILE ALL WORK					
1		220.1 certify that (1) (this haspit	al) attended the deceased fro	05-5 mp	, 19.55		19_85, that (I) (we) lost
1		saw the deceased alive an abave, (I) (we) (did Alid nat	view the bady after death.	19 <u>\$</u> , ar	nd that in (my) (our) opinian a	deoth occurred on the date and have	and from the couses stated
		22h SIGNATURE	,//		DEGREE		224. DATE SIGNED
		m	ener	mes		MEDICAL STAFF	3/4/85
		224 PHYSICIANS NAME (1911 OF	Market 2		22e ADDRESS		
V		Dr. Arthur E				r St., Balto.,	MD
		SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	3/5/85		ne Park	Balto.,	MD
	24 FL	INERAL DIRECTOR Henry	y W. Jenkins	& Son	s Co.	REC'D. BY REGISTRAR 29. BEGIST	DAR'S SIGNIFURE
	490	5 York Road	Balto. MD	212	12 MAI	R 5 1985 1800	

21212

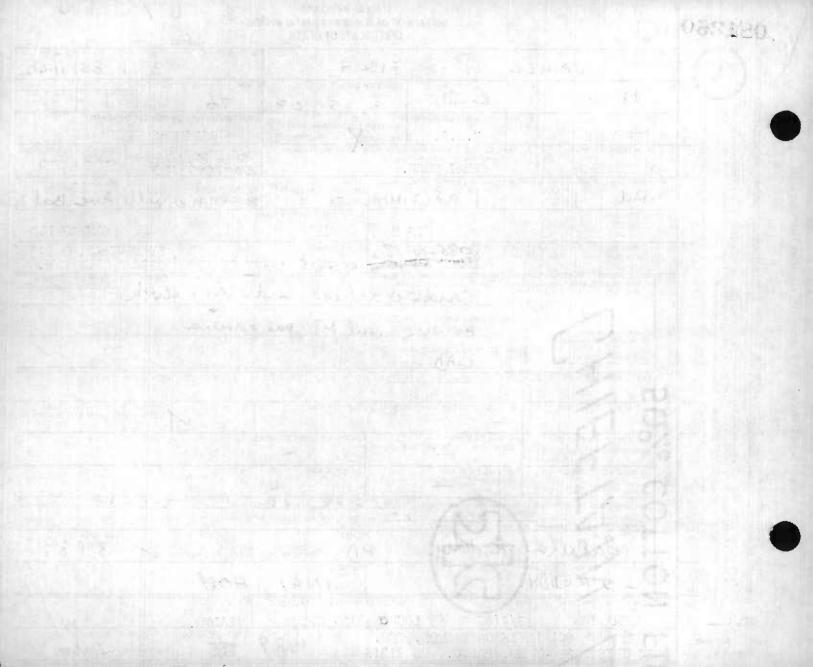
DHMH - 16 60M 7/B4 (VRA 15, 4)

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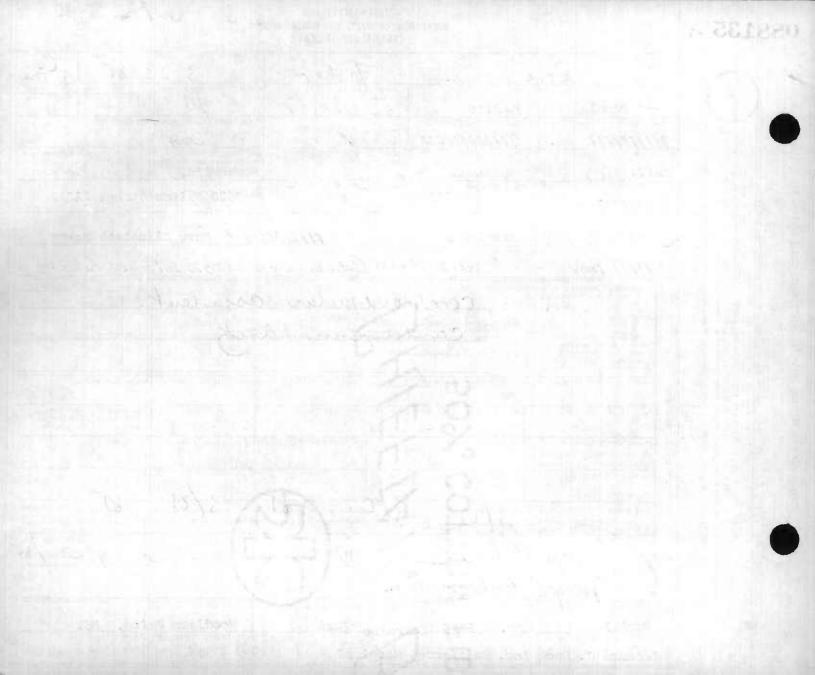
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enrica en Chara, No. 1 antes etc., 1 albar, No. 1 antes en caracter etc., 1 albar, No. 1 antes en caracter en cara

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X			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	3 (36)	(146	SAM!	UEL	FISCH	3	1 85 11.40AM
	ge 4 moy	3 SE	x XX MALE	4. RACE WHITE		6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	leoth. Pograneral direction 72 hours	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRI	BALTIMORE (
201	by the th	E	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET SINAI HOSE		ON 120 USUAL OCCUPATION (TYSE LAKE EMP EO 4 EP) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IZE. KIND OF BUSINESS OR INDUSTRY LAYER
AND 213	n 24 hou filled in hould be	13a.	AL RESIDENCE (IF NURSING HOME O	INTY 13c. CITY OR TOW	MOREYES XX NO	1 8 5811 Mer vul	lle Ave Bal 2/24
MARYLAND	ompletely on 2 sl		ATHER'S NAME FIRST RUBIN	MIDDLE FIS		MIDDLE	KANTROWITZ
ALTIMORE,	be execu		MAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	JEITY 875 17 INFORMANT	·BARRY CY FISCH 252	ESVILLE, MD 21784 4 ARTHUR AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST.,	requires that the deoth certifications are signed by the attending place. Then please remove carbons or roburiol, cremotion, or remore injury, or other traumatic ever	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	(c) CAD	ENCE OF LENCE OF	pul-edema.	
AL RECORDS,	The law icion. te has bee sit permit grene prio	CERTIFICATION	190 DATE OF OPERATION	_	OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
DIVISION OF VITAL	4G PHYSICIAN: offending physic that this certifical is the burial-tran hand Mental Hy inked or them 18 3	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D	AY YEAR 19 21f. LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2) COUNTY STATE
	TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: of should be detached for use with the State Dept. of Health IMPORTANT: If hem 21 is ma	W. I. W.	saw the deceased alive at	2 Reddy	DEGREE ATTEN	Opinion deoth occurred on the date and ha	19 A S, that (I) (we) lost our and fram the couses stated 22c. DATE SIGNED 3 · 1 · 8 S
	5 g 5 g g 4	23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	
	BP		CREMATION	3/4/85 L	OUDEN PARK CREM	I BALTO	COUNTY STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)			LEVINSON & BROS. N RD. BALTO., MD	, INC.	25a, DATE REC'D. BY REGISTRAR 25b. REGIS	itrar's signature



088135 X	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MAKTLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO.	1314	
V 1 /15		EASED NAME FIRST	MIDDLE M.	LAS	Fisher	20 DATE OF DEATH MONTH	3 8 S S COM	
	3 SEX		4. RACE White	5. DATE OF	BIRTH DAY YEAR 22/G4	4 AGE (IN YEARS LAST BIRTHDAY) FUNDER LYEAR IF UNDER LYEAR IF UNDER LYEAR MONTHS DAYS HOURS P BALTIMORE CITY OR COUNTY OF DEATH CLETY		
4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CC	THPLACE (STATE OR FOREIGN DUNTRY) MINISTRY	76 CITIZEN OF WHAT COUN	MARRIED	□ NEVER MARRIED □ □ DIVORCED □			
The sales	Ba	lto., 41)	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Authoran	HELDP	OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	17b. KIND OF BUSINESS OR INDUSTRY NON	
1 St how	130. S1	114/177/ - 13h COI	OUNTY 13BGIT PE	imore	31. INSIDE CITY LIMITS? YES NO	138 SISS 2000 FEST 439 FOStreet 21217		
# 300	Ch		MIDDLE Bangledorf		Mary Elizabeth Baker			
battimore, cate be execu yysician and or apers. Pages yvol. nt, the medical	(1)	AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) IF YES, (SECURITY NO035745	ashbuton N	ADDRESS 14 8520N Hil	Foned Belto. HD	
201 W. PRESTON 51., 15 that the death certif, 16 by the ottending pt 17 please remove carbon pr 17 please remove carbon pr 18 please remove carbon pr 18 control or remove carbon pr 19 please remove carbon pr 19 please remove carbon pr 19 please remove carbon pr 10 please remove		PART I. DEATH WAS CAU IMMEDI Conditions, if any, which gave rise to immediate cove (o), stofting the underlying cove lost.	DUE TO, OR AS A CONS	SEQUENCE OF	ot related to the ter	accedent ligh		
hos been in the prior	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)	
PHYSICIAN: The ending physical this certificate to buriol-tronsit ad Mental Hygie d or item 18 sho	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	DEATH HOUR A.M. MONTH	19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITI	EM 18 PART I OR PART ?}	
DIVISION DING PHY. I or ottendu. R. After this use as the buse as the buse os the buse as	MEI	WHILE NOT WHILE AT WORK 220 I certify that (I) (this has	(ATHOME, STREET, FACTORY, O	OFFICE FARM, ETC.)	STREET . 19	city or town	COUNTY STATE	
TO HOSPITAL OR ATTER- retained by the haspitol TO FUNERAL DIRECTOS should be detached for with the Store Dept. of H		sow the deceased alive above Hewer and I did	Lelver Gebrema		that in (my) (our) opinion GREE ATTENDING PHYSICIAN 276 ADDRESS	n death accurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN	d haur and from the couses stated 22c DATE SIGNED 3/23/87	
BP	(5	URIAL CREMATION, REMOVA PECHY) Burial			METERY OR CREMATORY Park	23d LOCATION CITY OR TOWN Woodlawn B	county State	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NERAL DIRECTOR	ck Inc. Baltimo		25a. D.A	ATE REC'D. BY REGISTRAR 256. R		



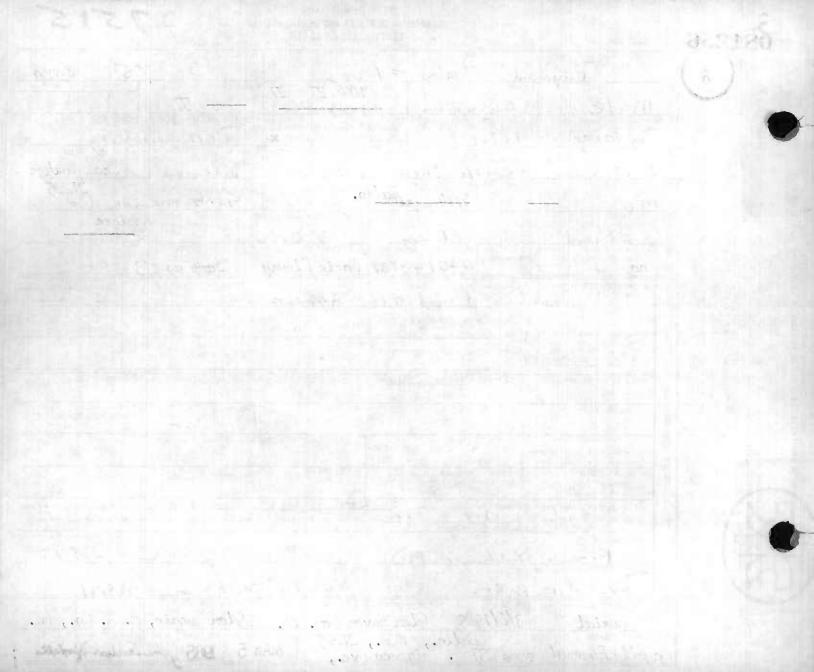
STATE OF MARYLAND

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1		CEASED NAME PE OR PRINT)						LAST		20. D	OF ESTI-	HIMOW "	DAY YEAR	26 HOUR
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6 - 10	We	st Vir	ginia	U.S.A.			WIDOW		DIVORCE		altimor			MD
PAGE SERIED	10. C	ITY OR TOWN (OF DEATH	11. NAME OF HOSE			, OR OTH	ER INSTITUT	ION	FOR MOST C	CCUPATION F WORKING LIFE)		12b KIND OF OR INDUS	STRY
SEE POR		Balt	imore	4208 AU	drey	Avenu	1e			Super	visor	-Food	Proce	essing
ANY DELVINO SET AND SE	USU/ 13a S	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	13c_CITY	OR TOWN)N)	134 INSIDE,CI	TY LIMITS?	12e STREET A	DDRESS		212	125
# 43.85m2		Md.			Ba	Itimo	ce		NO 🗌	4208^	Audre	y Ave		
M M M M	2.7	ATHER'S NAME		MIDDLE		LAST .		FI	R'S MAIDE	NAME	MIDDLE		LAST	
A SA		na			_	anigar		Bess					Ash	
S AFTER DE S AFTER DE GIVE PACE ITTH FORM IVISION ES	160. \ (Y	WAS DECEASED	EVER IN U.S. AF	EWAR OR DATES)		CIAL SECURITY		17. INFORM			ADDR		2 4	T 4 D
SALT GIVE FIRE VISIC		Yes	WW.	E WAR OR DATES)	234	32 12	240	Jean	Ann	Segra	ves 7	oy wn	itney	rag K
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PRESTON ITHIN 24 I CIL IN ITE VER ALON ANSIT PEF AL HYGIE REMOVA			4 1:1		AS A CON	SEQUENCE C)F							
W. PREST O WITHIN MINER A MINER A - TRANSIT ENTAL HY OR REMC		gove ris	s, if any, which e to immediate	e / (b)										2177
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AL RECORDS, 201 V VILD BE EXECUTED V. PENDING'' IN PE FE MEDICAL EXAN SED ASA BURIAL - SED ASA BURIAL - SED ASA BURIAL - SED ALL CREMATION, CA	7	PART 2 OTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PAR	T 1 (a)			-	
AS AS CRE	CERTIFICATION	190 DATE OF	OREDATION	Tital Consumer										
	NO.	190 DATE OF	OPERATION	196. CONDII	IONFOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPS	
NA PRECENT	RTI	210 EXTERNA	CALISE WAS	21b TIME OF	INITIDY		T11, 140	NACINI ILIDA	OCCUPRE				YES _	NO [X
S SHESKS	I C	UNDERLYING	DOR	HOUR A.M.		DAY YEAR	ZIC. HC	W INJURY	OCCURREL	(ENTER NATURE	OF INJURY IN ITE	A 18 PART 1 OR P	ART 2)	
BIVISION OF VITAL SCRETIFICATE SHOUL RITING THE WORD " ROED TO THE CHIEF RE 3 SHOULD BE USE TO EPERRIMENT OF HOT TO PRIOR TO BURIAL	MEDICAL	21d. INJURY O	G CAUSE OF	DEATH P.M.	FINILIRY	19 (AT HOME,	215 100	CATION						
ON CERTIFICATION OF THE PERSON	ME				A FARM, E			TREET		CITY	OR TOWN	cc	YIMUC	STATE
ZAZAVA KI		AT WORK	AT WORK							CTD				
DIVISION OF VIT. L EXAMINER: THIS CERTIFICATE SHE ECERTIFICATE. WRITING THE WORL DULD BE FORWARDED TO THE CH L. DIRECTOR: PACE 3 SHOULD BE UH, WITH THE STATE DEPARTMENT O MARYLAND, 21201 PRIOR TO BUR		220. I certif	y frost I toglýchar	ge at the remains desc	ribed obc	ve held an	Autops	у Ц.	Inspection	X Inc	Juiry L.	and in my o	pinion	
24 W U T -		death resulte	from Non	ral causes (X	Academi	Sun	(dark)	Hamic	de	Undetermin	ed monner			
EXAM CERTIF ULD BIE DIREC WITH WARYL	Te	ACTUAL	1/2	1/14	7.7	V		TITLE (SF				DATE	2/17	105
ZHE NEW THE		SIGNATURE_	1 groy	rout /	MAR	1	M.	D. Dep	. Chi	efmedical	XAMINER	DATE	3/17	/ 85
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TO MEDICAL EXAMENE CERTIFY THE CERTIFY PAGE 4 SHOULD B TO FUNRAL DIRECT TO BE A SHOULD B A TREE DEATH, WITH BALTIMORE, MARY	22- 0							ADDRESS						
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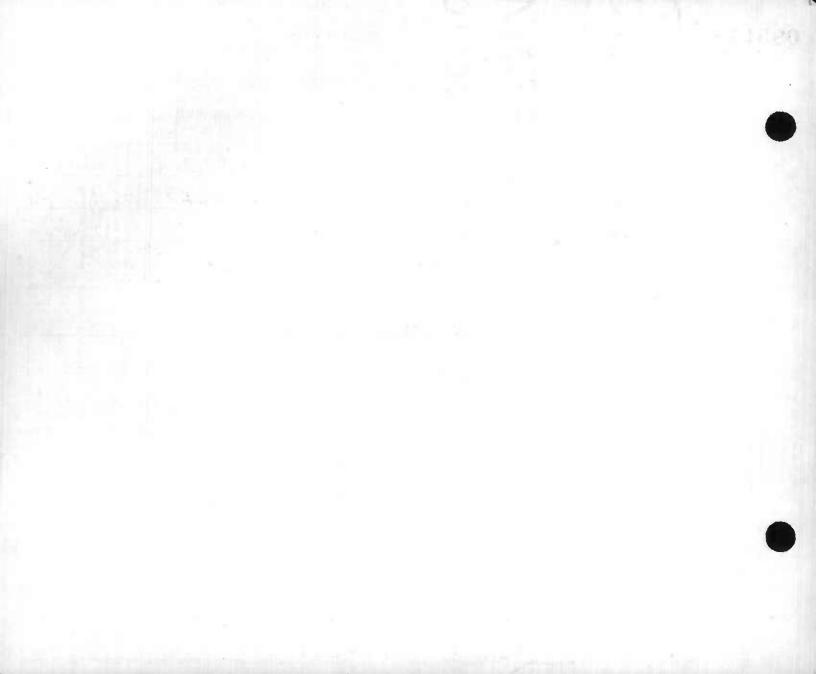
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3	1-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	07515
081256		REGISTRAR EASED NAME FIRST OR PRINT)	MIDDLE LAST 20 DATE OF DEATH	0 0 0 - 1.
1 (A)	1.58)	Layn	harles Fleury 1 RACE 15. DATE OF BRITH DAY 27 YEAR 27 6. AGE LINYEARS	
200		male	(queusian 16-24-26 5-5	77 YRS MONTHS DAYS HOURS MIN.
1 16 16		STATE OR FOREIGN OUNTRY) Claware	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	Itimore City M
11 4/3		Baltimore	HE NOT IN SUCH EACHITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR	CUPATION 12b. KIND OF BUSINESS OF MOST OF WORKING 1 HE) INDUSTRY WORKER
St bear	MSU.	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS	RESS / ZIP CODE 21225 7 Mariba 6 T
of within	_	THER'S NAME	15 MOTHER'S MAIDEN NAME	DDIE Kraigen LAST
Pages N		AS DECEASED EVER IN U.S. AR.	WAR OR DATES	address ne as #13
physical respen- next, the		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ures that the decision of the state of the s	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 110
Z mining	TIFICATIO	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS:	70%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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omending or the current tond Me	MEDIC	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CI	TY OR LOWN COUNTY STATE
TIPADE TOR A for use of Mediti		saw the deceased alive an	ral) attended the deceased from 2 - 2 \$, 19 \$ 5 , 10 3 - 2 19 \$ 5 , and that in (my) (our) opinion death accurred or t) view the body after death.	3-3 , 19 65 , that (I) (we) los in the date and haur and from the causes stated
At OR A the house At DIREC detoched one Dept		226. SIGNATURE Rhande	Picharde M) DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN 2 3-3-15
O HOSPITAL Hanned by H TO FUNERAL thould be det		Pr. Sir	Thara South Baltin	un General
BP	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		Burrie, A. A. Co., Mil.
DHMH - 16 50M 4/83 (VRA 15, 4)	Mc Mc	ineral director Cully Funeral H	Baltans Md., 21225 MAK 5 19	185 julie Deviden Romales



(VRA 15, 4)

STATE OF MARYLAND



BP

DHMH - 16 50M 4/83 (VRA 15, 4)

OCHNBIAC INFARCTION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE thoy (I) (we) lost _, and that in fig. (aur) apinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN REGISTRAR ISA REGISTRAR'S SIGNATURE IGRAL DIRECTOR

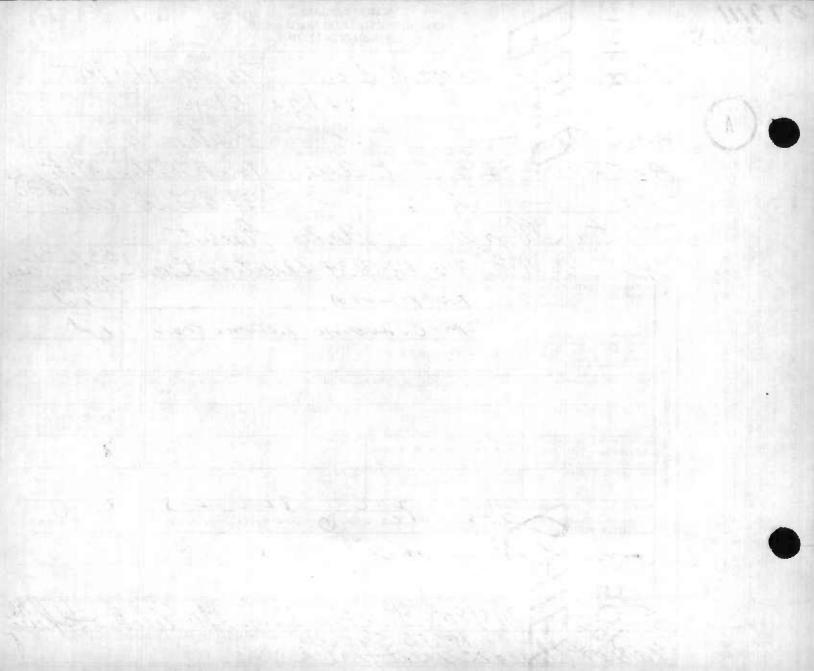
STATE OF MARYLAND

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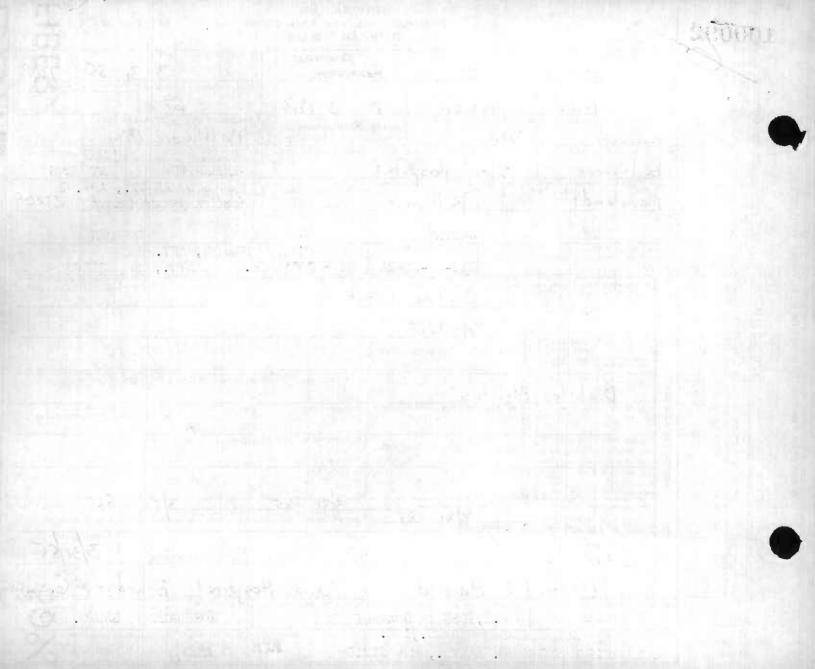
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ITE KIND OF BUSINESS OR



		509	2524	STATE OF MAKTLAND	8 5 0	7 5 1 8			
00092	1	STATE REGISTRAN	DEPA	CERTIFICATE OF DEATH	REG. NO.	2 . 2			
-10		CEASED NAME FIRST	WIDDLE	LAST FORMAN	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
	(TYP)	Claire	xAx	Forewan	3	31 85 7:00 P			
THE	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER 24 HRS			
S. C.		Female	Caucasion	8 3 1915	69 YRS.	MONTHS DAYS HOURS MIN			
hou hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
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with with with the file of	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ARDBESS) /	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12 KIND OF BUSINESS OF			
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# 15 D		Maryland -	Baltin	MOVE YES (XX NO]	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX Z120			
id 2 s	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME	LAST			
Idus Zo		MORRIS	BETTLEM			NKNOWN			
ges dica		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GF	VE WAR OR DATEST		ON FORMAN, ADDAPT. E				
Poge media		NO	213-09-	9162A 6405 DORAL	L DR. BALTO., MD 21209				
18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:		nly one couse per line for (a) (b),	ond (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
			c Arrest						
or or or stice			DUE TO, OR AS A CONSEC	DUENCE OF					
attendi ove ca tion, o oumat		Conditions, if any, which	(ASCVI	7					
emal er fre		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DIENCE OF					
d, cr.	-	underlying couse last.	(6)						
ourio y, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110			
The Trip	OZ Z	Diabetes	Mellitus						
prio ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
ows C	E					ES NO			
Hygie	8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)			
ntoll ntol	¥	OR CONTRIBUTING CAUSE OF DE	AIN -	19					
or H	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE			
rked	E	WHILE NOT WHILE AT WORK	(AT HOME_STREET, FACTORY, OFFIC	E. FARM ETC)	1	_			
and and		220.1 certify that (I) (this hasp	ital) attended the decrased from	n331, 19.85	, lo331	19 85 , that (I) (we) los			
of H 21 is		sow the deceased alive or	231 19	85 , and that in (my) (our) opinio	n death occurred on the date and ho	ur and from the couses stated			
tem tem		77% SIGNAJUN ///	The body offerfacom.	DEGREE		22c. DATE SIGNED			
h the State D		1841	41	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/85			
AN]	1	224 PHYSICIANS NAME THE	or Person)	27e ADDRESS	- DIRECTOR - THISTERAL				
with the Sta		Un lift	d L. Ameno	Sinci	Horavite 1 Roll	redere @ Coleens			
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		(SPECIFY) BURIAL	APR.2,1985	SHAAREI ZION	ROSEDALE	BALTO. MD			
			EVINSON & BROS.		ALE REC'D. BY REGISTRAR 256. REGIS				
50M 4/83		NAME DETCTEDOTO	WN RD. BALTO.,	MD 21215		or we seemed I - I make you			
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	(n			CEASED NAME FIRST		MIDDLE	LA	SŤ	26. DATE OF DEATH		DAY YEAR	2b. HOUR
	be 3		Litre	FRAZ	IER		FO	STER		03	17 85	1:58RM
	E S S		3. SE		4 RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
	ge 4 ector		1	YALE	NEG	ROID	MONTH 3	-17-11	74	YRS	MONTHS DATS	HOURS MIN.
	neral dir	2 Conce.	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALTIMO		OF DEATH	MD.
	ter d he fu with	fied	10_CI	TY OR TOWN OF DEATH		HOSPITAL, NURSH		R OTHER INSTITUTION	170 USUAL OCCUPA	TOF WORKING		OF BUSINESS OR
207	by the	£ 3		ALTIMORE	THE J	OHNS HO		HOSPITAL	Retire	, 2	Inc	1 1
	filled in could be	S Sast p	130 5	AL RESIDENCE (# NURSING HOME TATE 13b CO	OR OTHER INSTITUTION	130 CITY OR TOV	E ADMISSION)	13d INSIDE CITY LIMITS?	13 STREET ADDRESS			1. 2/2/3
MAR	mpletely and 2 sh	examine	14 FA	Os/liam	HIDDLE OS.	teriast		15. MOTHER'S MAIDEN NAM	MIDDLE	4050		AST
AN MAN	on and co	medicol		VAS DECEASED EVER IN U.S., ES, NO ORUNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-87-	URITY NO. 4863	ELeanora	ADD	RESS		nst.
RECORDS 201 W. PRESTON ST. B	r requires that the death certified een signed by the attending phys it. Then please remove corbanpop for to buriol, cremation, or remove	y injury, or other traumatic event	ATION	PART I. DEATH WAS CAU IMMED Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 100 DATE OF OPERATION	DUE TO, CO DUE TO, CO DUE TO, CO T CONDITIONS C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	Jhr fix	liany path	INAL DISEASE OR CO		2	
1 4	in. The low hysicion. Icote hos b ronsit perm	shows or	CERTIFICATION				TOPERATION		YES NO	IN CERT	IFYING CAUSE (ES []	S OF DEATH?
OF VII	PHYSICIAN. T ending physici- this certificate the burial-transi- ad Mental Hygi	tem 18	ICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF IN	.)URY IN ITEM 18	PART I OR PART 2)	
DIVISION OF VIT	offendin ter this a s the bu	rked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	at OK ATTENDINg the hospital or at DIRECTOR: Af etoched for use of the old the Dept. of Health	T. If Item 21 is mo		22a.1 certify that (1) (this have saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	an March	17 19	15 and	H that in (my) (aur) opinion of EGREE ATTENDING PHYSICIAN	MEDICAL ST	date and ha		that (I) (we) last the causes stated E SIGNED
	TO HOSPITAL retained by the TO FUNERAL I should be detained with the State	MPORTAN		Michele F	EORPRINT)	thisks.		220 ADDRESS	10/F St.	BAH	himare, or	102/205
	BP	<u> </u>	1	URIAL, CREMATION, REMOV.		-85 Z	7//	METERY OR CREMATORY	23d LOCATION CITY OF TOWN	to.	COUNTY 127C	STATE
	DHMH - 16 60M (VRA 15, 4)	7/B4	24 FL	DAME J. SF	CER	1639.	v. b	Procedure MA	R 2 0 1985		Cavidson-	



0 DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Birial 4-1-85

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park

STATE OF MARYLAND

23d LOCATION

Sykesville, Carroll Co., Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CO.

YES [

COUNTY

22c DATE SIGNED

26 HOUR

12b. KIND/OF BUSINESS OR

NO M

STATE

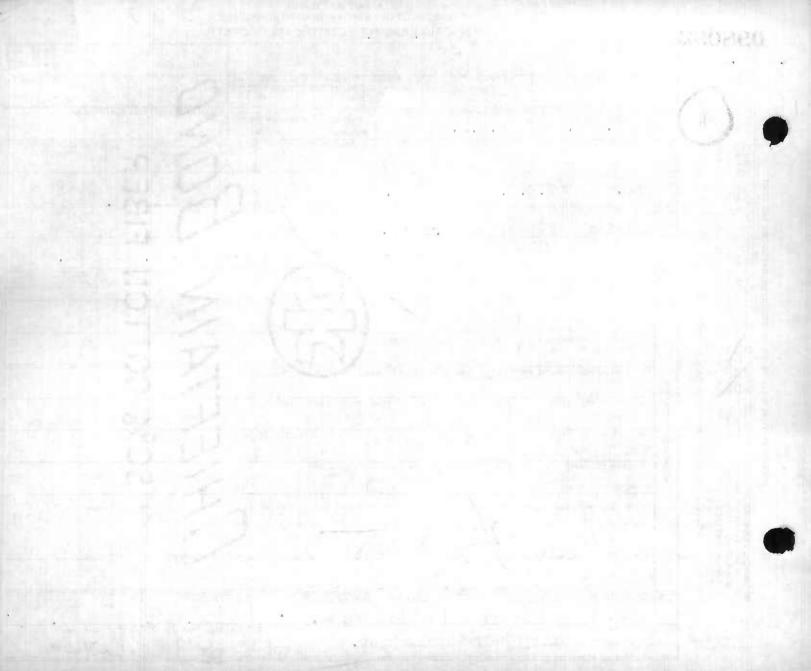
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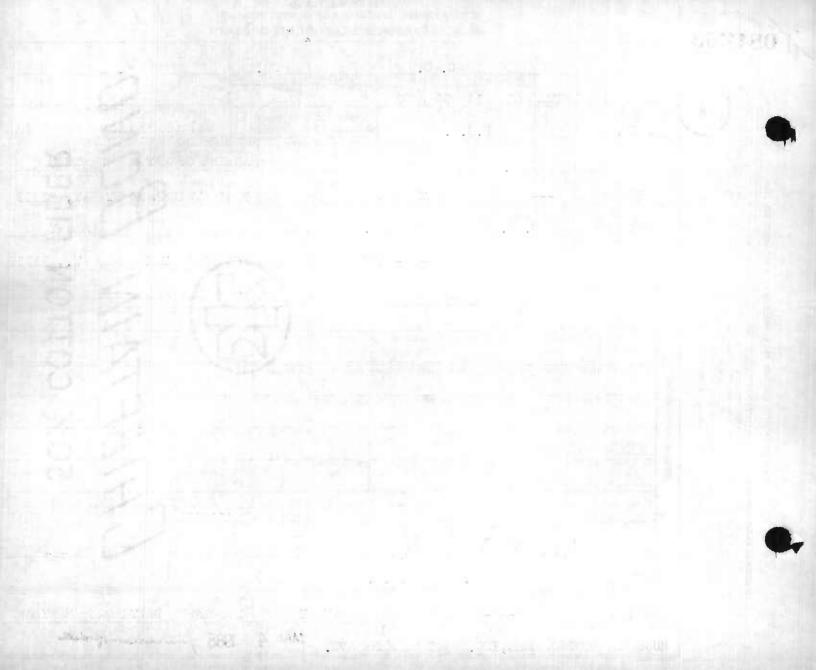
BURGEE - HENSS FUNERAL HOME 3631 Falls Rd. 21211 OPR

1121725 Ama Ford 389 85 This Control of the second of the s

Items 18-22a 5/6/85 mtb F#60 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MONTH 20 DATE KNOWN (TYPE OR PRINT) ESTI-**WITTITW FOWLKES** DEATH MATED SEXMale AGE (IN YEARS IF UNDER 1 YR. JIF UNDER 24 HRS DATE OF BIRTH 2c DATE 7d HOUR 28 VRS PRONOUNCED DEAD 19 854:05P TO BIRTHPLACE (STATE OR 16 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ballo. lid. U.S.A. WIDOWED [DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 1176 KIND OF BUSINESS Laborer OR INDUSTRY 5507 Sarril Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE C COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST awerence Arnes Brown 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (MESONO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-74-2098 Agnes Fowlkes 434 E. 20th St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPECAMATE INTERVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Seizure disorder DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse fast PART 2-GINER SEGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISTASS DR CONDITION SINEN IN PART 1 (6) He DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSYT YES NO L 71a FETERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED LEHITS HABUSE OF WILEST IN TEM TEPART TO GEPART TO HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY JATHOME TH LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY 27e. I certify that I took charge of the remains escribed abave, held on Autopyy Inspection and in my opinion Matural-course Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 3/6/85 EXAMINER'S NAME TYPE OR PRINT Smoth, M.D., 111 Penn Street Balto MD 21201 ADDRESS ZM LOCATION STATE Eastview Com Balto 74 FUNERAL DIRECTOR ISA DATE REC'D. BY REGISTRAR 15h REGISTRAR'S SIGNATURE DHMH - 17 Chatman-Harris 1709 McCulloh St. (VR A15 ME (5))



			STATE OF MARYLAND									
	11-	FOR		[PEPARTMENT C	OF HEALTH	AND MENTAL	HYGIENE	0 7	5 2	3	
VOCADES	1.	REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG. NO.			
X 081263		CEASED NAME	FIRST		MIDDLE		LAST	Za. DATE		NIH DAY	YEAR 26 HOUR	
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EDE 96	3 SE	^	4 RACE	S. DATE OF BIRTH		THOAY) MONT		ER 24 HRS. 2c. DATE	NCED	III DAT	YEAR 24 HOUR	
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_ 231E5A/		70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY? B MARRIED X NEVER MARRIED 9 BALTIMORE CITY OR CO							ATH	
EASER4	N	MARYLAN	מו	U.S.A. WDOWED DIVORCED Baltimore Ci						itv		
22003	10. C	ITY OR TOWN		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK								
>E0E84	0			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)						OR INDUSTRY		
55-88 T	Lieu	Baltimo	re	St. Agne	s Hospita	1		MACHINE	PERATOR	WEST	CTRIC	
E 500000	13a :	STATE	13b. COUN	OR OTHER INSTITUTION, GIV TY	13c. CITY OR TOW	N (N	134 INSIDE CITY LIMITS	13e STREET ADDR	SS	1,111	DIKIC	
# 동독등학교	M	IARYLAND		- BALTIMORE		RE	YES NO 3342 STRICKLAND STREET, 2				. 21229	
A 22.00 - AD	14. F	ATHER'S NAME					15. MOTHER'S MA	IDEN NAME				
E SESS	/	RAYMON	ID (I	C. G.	FOX	SR.	EDNA	MA	NIDOLE	LAM		
0 4000			D EVER IN U.S. ARA		16b SOCIAL SECU		17 INFORMANT	ru-	ADDRESS	LAUT	JE I	
E E S S S S S	- {	YES, NO, OR UNKNO		WAR OR DATES)								
PRESTON ST., BAL THIN 24 HOURS A LIL IN ITEM 18, GIV ANST PERMIT PAC AND THE PERMIT PAC REMOVAL		ИО			215-30-		MAGDALE	NE FOX 3342	STRICKI			
		18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CALLED BY									NONSET AND DEATH	
		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which										
W WWW.		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF										
- 13 th of 199		lying cause last.								7		
S. Brando	100	PART 2 DIVISE CIPALISM CONDITIONS CONTRIBUTION TO BEAUTI AND THE STATE A										
ECORDS. 201 BE EXECUTE NUBLICAL EX AS A BURIAL ATH AND M CREMATION CREMATION	7	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
L RECOR	CERTIFICATION											
E BETTE	3	190. DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUT	OPSY?	
28 H 20 8	K E									YES	ON O	
EN HOLEN	7 1	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN STEM) B PART) OR PART								DR PART 2)	- X	
A SHOPE		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19										
S CERTIFICATE S RITING THE W RDED TO THE SE 3 SHOULD TE DEPARTMEN OF PRIOR TO	MEDICAL	21d INTURY C	CCURPED	21e PLACE C			CATION					
S CE RETH RDE(SC 3 SE 3 SE 3 SC 3 SC 3 SC 3 SC 3 SC 3 SC 3 SC 3 SC	ME	WHILE	NOT WHILE C		ORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNTY	STATE	
DIVISION OF WITAL THIS CERTIFICATE SHOULD E. WRITING THE WORD WARDED TO THE CHIE PAGE 3 SHOULD BE USE STATE DEPARTMENT OF		AT WORK	AT WORK									
AND SATE		22a Certify that took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion										
		death resulted from: Natural causes XXI. Accident . Suicide . Hamicide . Undetermined manner .										
EXAMI CERTIFIC BE DIRECTORITH WARYL		TITLE (SPECIFY)										
E CER CER NAME WITH WITH WAR		ACTUAL LIA . AL CONTRACTOR AND ALL CONTRACTOR AND A									2 05	
SER SER.	5										3-85	
MEDI CUTE FUR 4 AWA	4	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street										
TO MEDICAL ELECTOR THE CPACE A SHOULD TO FUNERALD DATER DEATH, VALUE AND CALL OF THE CONTROL OF	1	(TYPE OR PRIN					ADDIKE33					
F iii & F ≪ 60	- (SPECIFY)	TION, REMOVAL 2				CITY OR TOWN			COUNTY	STATE	
07/84 BP		BURIAL		03-05-85	WOODL	AWN CEI		WOODLAV			MARYLAND	
25M DHMH - 17	24 F	UNERAL DIREC	TOR	ADDRESS		21229	25a. DA1	E REC'D. BY REGISTRA	R 256 REGISTRAL	S'S SIGNATUR	E .	
(VR A15 ME (5))	H		FUNERAL I	HOME INC.	4107 WILI	KENS A	VE. MAK	4 1985	ما ساندا مده	m-pande		



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR LIVER OF PRINTS MARCH 22, 1985 3:45 FRANCIS MARTE T. 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3 SEX YEAR Female Cauc. 12/25/14 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Conn. USA WIDOWEDX D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY HOSPITAL JOHNS HOPKINS Operator Sunpaper BALTIMORE 130 STREET ADDRESS / ZIP CODE Way 13h COUNTY Balto. 13d INSIDE CITY LIMITS? 21205 YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Louis Bunk Juanita Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATES! Lawrence Watters, same address 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OF TOWN COUNTY

220.1 certify that (1) (this haspital) attended the deceased from 3/22 saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (was (did) (did not) view the body after death 22c DATE SIGNED 226 SIGNATURE DEGREE

NOT WHILE

JOHNS HOPKINS HOSP. 600 N. WOLFE S

OLDSMITH 230 BURIAL CREMATION, REMOVAL Cremation

23c NAME OF CEMETERY OR CREMATORY

21213

STATE

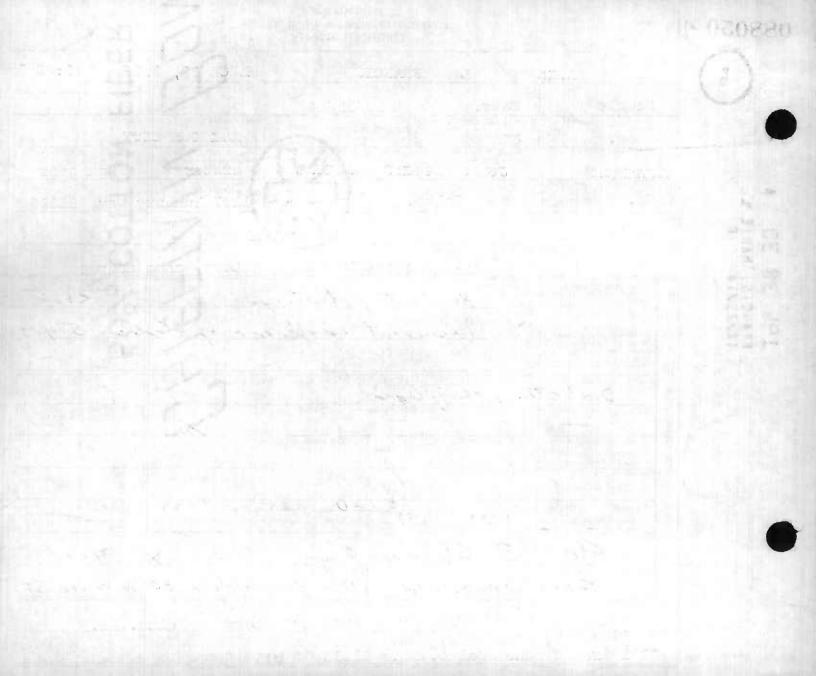
3/25/85 Greenmount Crematory 14 FSchimunek Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

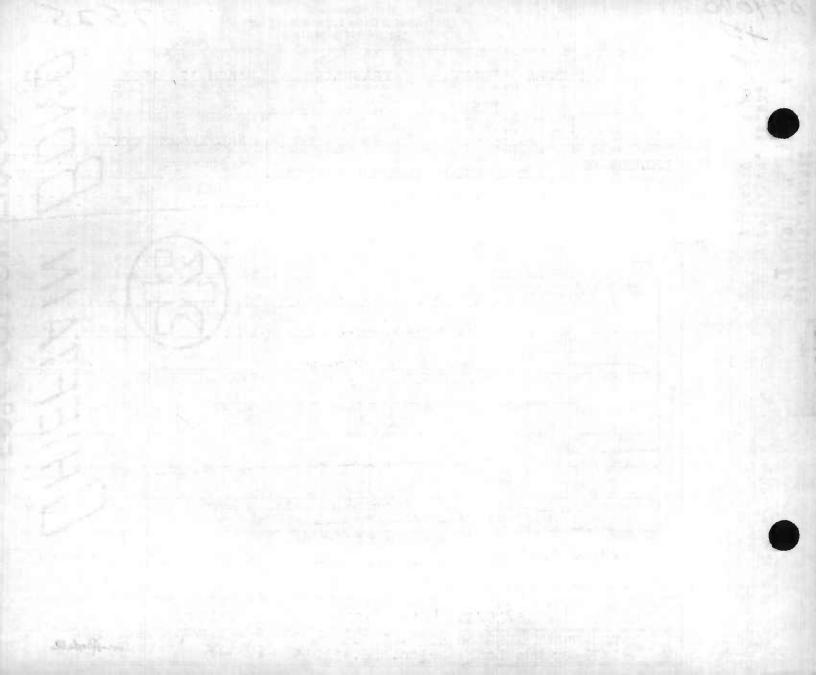
ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)



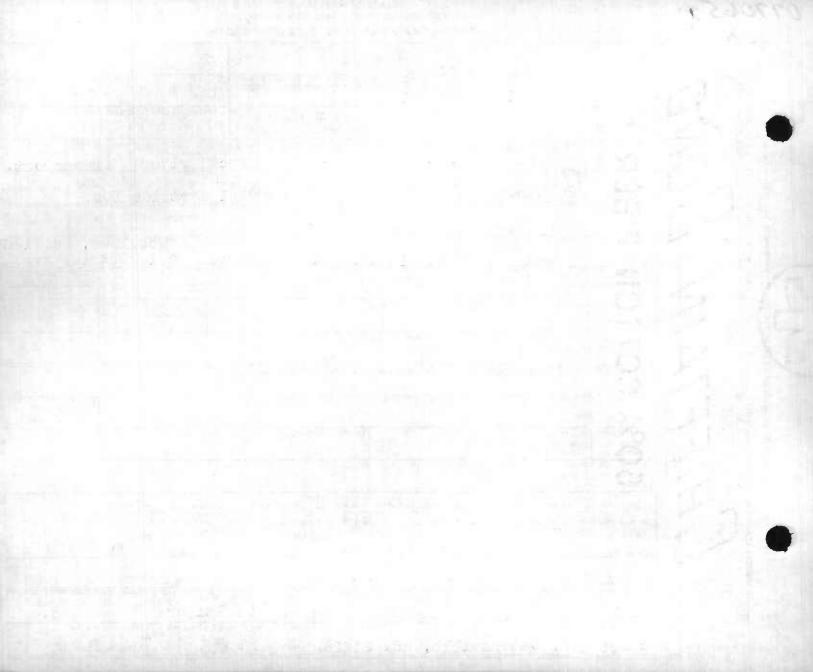
074080 STATE OF MARYLAND 07525 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) THOMAS DUDLEY FRANKLIN MARCH 12 4 RACE 24 1910 JULY MALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED RHODE ISLAND USA BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINES (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ELECTRICIAN LIFE BALTIMORE JOHNS HOPKINS HOSPITAL HOUSING DEPT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE 4912 E. FEDERAL ST. 21205 MD. YES IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE BROWNING SUSIE FRANKLIN THOMAS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT SAME ADDRESS 213-07-7636 JEANETTE FRANKLIN (WIFE) NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARIOPULMONARY ARREST MINUTES IMMEDIATE CAUSE (a). DUF TO OR AS A CONSEQUENCE OF 3 WEEKS CONGESTIVE HEART FAILURE Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. WEEKS PULMONARY EMBOLISM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 27a I certify that (1) (this haspital) attended the deceased from FEBRUARY saw the deceased alive on MARCH 12 above, (I) (we) (did) (did nat) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS ld b EDITH F. KEITH, M.D. 230. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23h DATE Burial BALTIMORE MD STATE 3/15/85 GLEN HAVEN 24 FUNERAL DIRECTIMUNEK FUNERAL HOME, INC. 250 DATE REC'D. BY REGISTRAR 25B, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 3331 Brehms Lane, Balto. Md. 212134AR (VRA 15, 4)



8066	2	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 5 0	7 5 2	6
1 75	9		CEASED NAME FIRST Will		J.	FR	Aplica 1	26. DATE OF DEATH MONTH T. March 14,		ìb. HOUR
		3. SE	M	4. RACE		5. DATE C	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 68	IF UNDER) YEAR	IF UNDER 2
eath. Four 72 mm	54		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76. CITIZEN OF W	HAT COUN	ITPY2 8	NEVER MARRIED	Baltimore City or Coun	ITY OF DEATH	
s after de by the fur iled within	14	10. C	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH	FACILITY, GIVE		R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Purchasing Agt	126 KIND OF INDUSTRY Pape	BUSINES
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ed within impletely and 2 sh	00	14. FA	THER'S NAME FIRST William	n J. Fran	klin,	Sr.	15. MOTHER'S MAIDEN NA	ae Sites MIDDLE	LAST	
o execut n and co . Pages 1			VAS DECEASED EVER IN U.S. A (ES, NO DRUNKNOWN) (IF YES, G Yes			SECURITY NO. 3 4028	Mrs. Helen I	ADDRESS 3. Franklin 610	E. 35th	
requires that the death certifier is signed by the ottending p. Then please remave carbon at taburical, cremation, or remaininy, or other troumatic ever		TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS COI	Seve A HA NTRIBUTING	SEQUENCE OF COME OF CO	NOT RELATED TO THE TERM	ary Disease and Disease or condition of	given in part 110 Disease	
N. The low nysician. icate has be ransit permit Hygiene pri 18 shaws an	9	CERTIFICATION	190 DATE OF SPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		N WAS PERFORMED		YES, WERE FINDING RTIFYING CAUSES O YES	
ATTENDING PHYSICIAN spiral or aftending physical or aftending physical or after this certific d for use as the burnal-tropic as the burnal-tropic. of Health and Mental H m 21 is marked or frem 18	7	MEDICAL (OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (1) (the hosy saw the deceased alive a above, (1) (1) (did the	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, G	PERCE, FARM ETC.)	211. LOCATION STREET , 19 8	city or town		STA
TO HOSPITAL OR AT retained by the hasp TO FUNERAL DIRECT should be deteched in with the State Dept.	1	23n 1	276. SIGNATURE 174 CHTSICIAN SNAME ATTENDED	By M	lle	07 m0	ATTENDING PHYSICIAN 220. ADDRESS 3809 GW	DIRECTOR STAFF DIRECTOR PHYSICIAN EEN meunt A 1734 LOCATION	Pue Bo	GNED 4. & elfo
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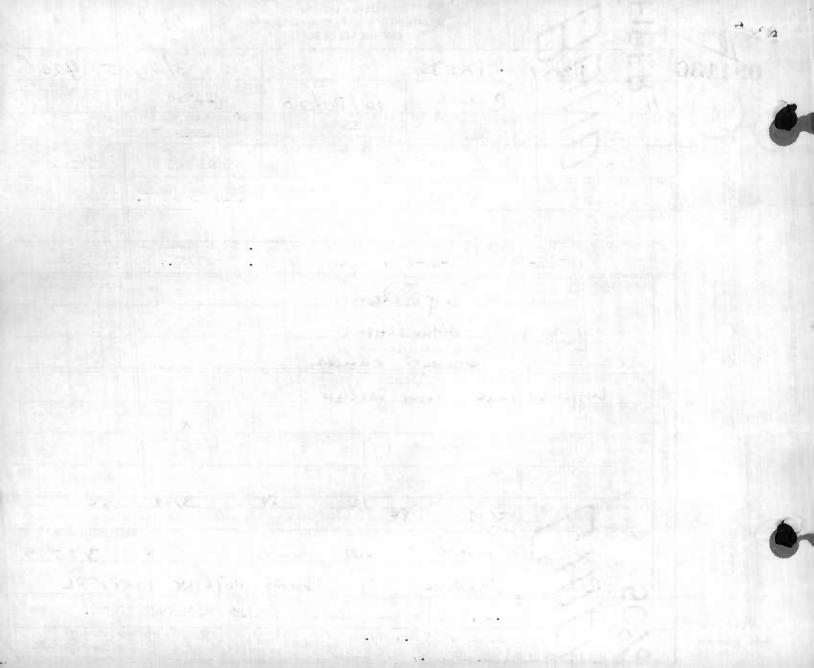
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BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3.	DIVISION		ES	(IF YES, GIVE V	VAR OR DATES)	230-0	9-0100	Vernon H	Frazier	5304	Maple	Aver	nue
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	S S				1						SIGNED	10 00	
A ME	TE TE	est	EXAMINER'S NAM (TYPE OR PRINT)		arita A.	Korell,	M.D.	ADDRESS 111	Penn Sti	reet			
TO ME EXECU	AFTER DEATH, W BALTIMORE, MAR	23a.Bl	IRIAL, CREMATION	REMOVAL 2	Ib DATE	23c. NAME	OF CEMETERY C	R CREMATORY	23d, LOCATION				
		(5	TURIAL		3/22/85	King	g Memor	ial Park	Randa	llstov	n, COUNTY	MY	17
25M		24 FL	INERAL DIRECTOR						REC'D. BY REGISTE	AR 756 REG	ISTRAR'S SIGN	IATURE	
DHMH (VR A15 A		Wı	n MArc	h F/H	Inc . ADDRESS	101 E 1	North A	venue MA	RZ1 1989	5	~~ 1 (CO)	- Markett	-
(all Ula li	- (0)/								1001				

STOBER 28/20/83 2 7-00 C.1 '5 No. 100 mag THE RESIDENCE AND RESIDENCE

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6010 REISTERSTOWN RD. BALTO., MD 21215

(VRA 15, 4)



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	FOR STATE REGISTRAR		DEPARTMENT OF I	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	/ 5 5
	1. DECEASED NAME FIRST		MIDDLE TYPEC	IMAN	20 DATE OF DEATH MONTH	27-85 5 PN
1	3 SEX	4. RACE		OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	FEMALE	WHITE	M M	AY 15, 1901	83 YRS	MONTHS DATS HOURS MIN.
	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	- D MENER WARRED TO	9 BALTIMORE CITY OR COUNT	Y OF DEATH
f	MARYLAND	USA	WIDOW	ED NEVER MARRIED X	BALTIMORE CI	TY ME
1	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	INDUSTRIE BPOTSESR
	BALTIMORE	(IF NOT IN SUC	LEVINDALE		SALESLADY	FURNITURE CO.
1	USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	NE .
	MARYLAND	NII	BALTIMORE	YES X NO	3814 BANCROFT	RD. #21215
1	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA		
1	WOLF	MIDDLE	RIEDMAN	DÖRA	#IDDI#	KRAMER
1	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17 INFORMANT MR.	BOB EDISONESS	
	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-09-6969A	#20 CARAWAY	RD. REISTERSTO	WN, MD 21136
1	18 CAUSE OF DEATH (Fote: o	nly one couse per	line for (a) (b) and (c) (1 0	0 0	APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY:	JSE (a) Acute myo cardia	& infaction	Kour
gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	caktivageular	

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [] NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY

211. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) deceased from

sow the deceased live on abave, (1) (we) (did) did not) view the body after death pinion death occurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF

S. LEVENSON, M.D. LEVINDALE - BALTO., MD

MAR. 29, 1985 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

130 NAME OF CEMETERY OF CREMATORY HEBREW YOUNG MEN

23d. LOCATION BALTMINORE

MARYLAND COUNTY

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BALTO. MD 21215 6010 REISTERSTOWN RD.

wie Davidson-Randon

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Heal

MPORTANT

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BP.

TO HOSPITAL



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1 - STATE

STATE OF MARYLAND

DEPARTMEN	TOF	HEALTH	AND	MENTAL	HYGIEN
CI	RT	IFICATE	OF	DEATH	

CERTIFICATE OF DEATH	REG. NO.								
FRIEKSOW	2a DATE OF DEATH	3 Z	DAY 8	85	26 HOUR 2				
S DATE OF BIRTH	A AGE LINVEADSTAST B	IPTHOAY	IF 4	INDED I VEAD	IF LINDER 21 MRS				

093015

TO FUNERAL DIRECTOR: After this certificate has

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

		REGISTRAR				CEKIII	ICATE OF	DEATH		REG. NO.				
		CEASED NAME	FIRST	-	AIDDLE		LAST /		2a DATE OF D		NTH DAY	YEAR	26 HOUR	2
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	3 SE	X		4 RACE	0	S. DATE (6 AGE INYEA	RS LAST BIRTHDA		UNDER I YEAR	IF UNDER 2	_
1		F			B	MONI	4 0/2	7 YEAR 20	6	4	YRS	VIHS DATS	HOURS	MIN.
1		IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	(SZ)		9 BALTIMORI	E CITY OR C		FDEATH		
K		COUNTRY)	0.00	77 0			D NEVER		BA	17	010	4		
-1		aryland ITY OR TOWN OF DI	FATH	U.S.	A . HOSPITAL, NURSII	WIDOWE		NORCED [12a. USUAL O	CLIBATION		125 VINID O	E DITCHTE	JM
7		BALT			HEACHLITY, GIVE STREET		Ar	111011014	TYPE OF WORK F		ORKING LIFE)	12b. KIND C INDUSTRY	r BUSINES	35 OK
1		AL RESIDENCE (IF NO	RSING HOME OR				****		L					
5		aryland	138 COOM	11	Baltin		YES X	NO [1625				- 01	0.1
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2	CERTIFICATION	IN DATE OF OPER	ATION:	196 CONDI	TION FOR WHICH	OPERAJIO	N WAS PERFO	RMED	20a AUTOP		CEPTIEVIA	VERE FINDING CAUSES	GS USED	10
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3	CER	21a. ACCIDENT WAS UN		216. TIME OF		.v. ve.s	21c. HOW IN	JURY OCCUR	RED (ENTERNATU	RE OF INJURY IN	ITEM IS PART	I OR PART 2)		
7	AL	OR CONTRIBUTING		HOUR A.A	A. MONTH D	AY YEAR								
	MEDICAL	21d INJURY OCCU		21e PLACE C		19	21f LOCATE	ON						
	WE	WHILE NOT W	VHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, I	FARM ETC)	STREE			CITY OR TOWN		COUNTY	STA	ATE
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		ribave; (I) (we)	did (did not	when the book of	after death.	411	Carlo Carlo	(our) opinion (deoth occurred	on the date of	and hour or	nd from the	couses stote	ed
		77h SIGNATURE	6	616	20		DEGREE	TTT. 10 11 10			/	22c. DATE	SIGNED	
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		224 PHYSICIAN'S N	AME TYPE OR	PRINTY V			22e ADDRES	S		5	D /	1, 1	~	
20		1117	- ().	mil	(INS		177	2 (0	100 40	14.	Del	+ lus	1).	

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 4/1/85

Carrison Forest VA Owifigs Mills, County

Md . STATE

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE the Davidson Renders

Wm C'ME March F/H Inc. 1101 PR North Avenue

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE O**I REGISTRAR

STATE OF MARYLAND

FDEATH	REG. N	NO.				
	20. DATE OF DEATH	MONTH	DAY	YÉAR	2b HOUR	
h		3	1	85		
	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 H	RS.
YEAR			MONTH			IN.
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R MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF D	EATH		
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23d LOCATION CITY OR TOWN COUNTY STATE

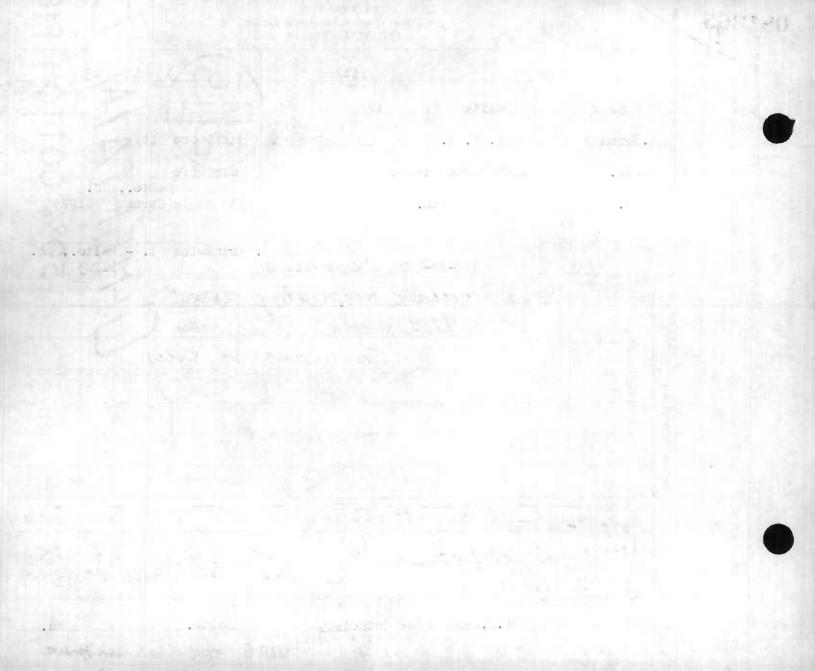
Mar. 4.1985 New Cathedral Balto 3512 Sprederick Ave. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

| SPECIFY)

Burial

24 FUNERAL DIRECTOR



BALTO MD 21215

(VRA 15, 4)

6010 REISTERSTOWN RD

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081266 1 STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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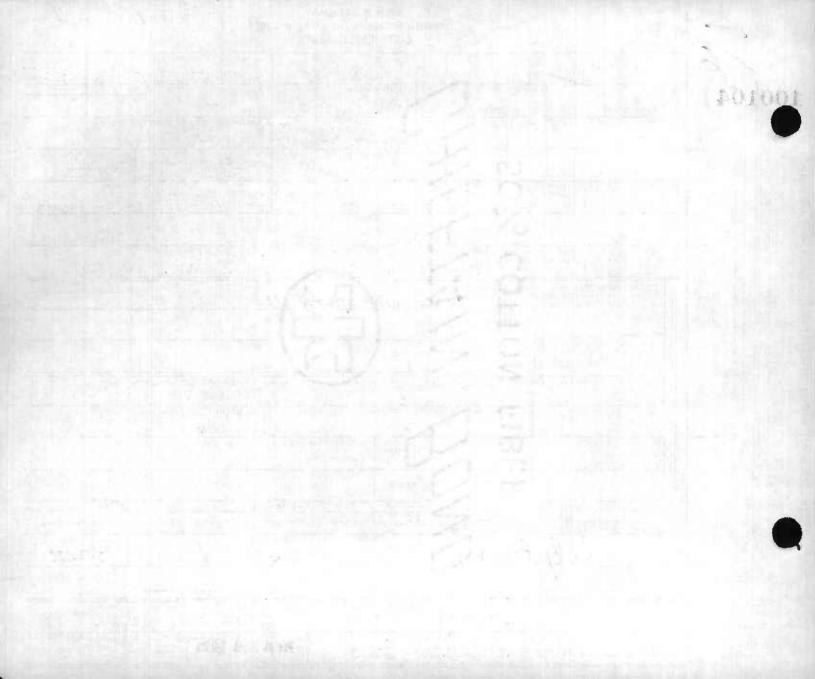
		MIDDLE	l	A51	20. DATE OF DEATH	HTMOM	DAY YEAR	2h HOUR		
	DECEASED NAME FIRST						1 10	1 1 15		
L	Mr. Wil	liam R. Fr	yfogle		March		8 7 CA.			
3.	SEX 4	RACE	5. DATE C		AGE IN YEARS LAST BIR	THDAY)	MONTHS DAT			
L	Male	Caucasian	Apr	11 25 1921	63	YRS.				
70		. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	BALTIMORE CITY O	R COUNT	Y OF DEATH			
	Maryland	U.S.A.	WIDOWE		Baltimor	e C	ty	MD		
10	Baltimore City	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Saint Agnes H	E STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF STATE OF WORK FOR MOST CONTROL OF STATE OF THE PROPERTY OF THE PROPERT	O OF BUSINESS OR RY				
7	Maryland	THER INSTITUTION GIVE RESIDENCY 136. CITY OF Bal	E BEFORE ADMISSIONI R TOWN timore Cit	Yes NO	136 STREET ADDRESS . 1364 Washi	zip cod	Blvd.	21230		
I	Henry J. Fryfogle	DDLE LA	SŤ	15 MOTHER'S MAIDEN NAM	MIDDLE	37		LAST		
16	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES	L SECURITY NO. -14-2390	17 INFORMSWIMARY Fr 1364 Washing		ss Baltim	pre	21230 Marylan		
Г	18 CAUSE OF DEATH (Enter only	ane cause per line far (a).	(b), and (c).)				APPR BETWEE	OXIMATE INTERVAL N ONSET AND DEAT		
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON		movore						
120124	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONDUCTOR OF TO, OR AS A CONDU	SEQUENCE OF	NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. 1F YE	ES, WERE FIN	-		
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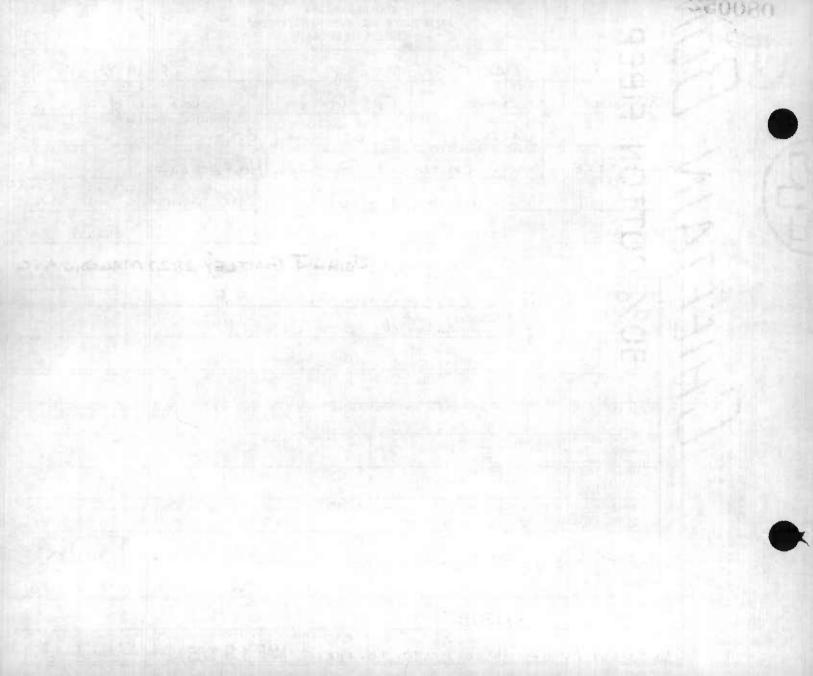
	2	1.	FOR STATE REGISTRAR			DEPA	ARTMENT OF	HEALTH AND MENTAL IFICATE OF DEATH		REG. N	0 /	3	0 /		
/	la		CEASED NAME	FIRST	M	MIDDLE LAST				26. DATE OF DEATH MONTH DAY YEAR 26 HOL					
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100	24	10. B	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF W	VHAT COUNT	RY? 8	RIED NEVER MARRIED	D X 9	BALTIMORE CITY C	OF DEATH				
1	20		MARYLAND		USA WIDOWED D			WED DIVORCED			MORE C				
A part	00		ALTIMORE	TH 11	(IF NOT IN SUCH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AIR 3912 FORDS		E OR OTHER INSTITUTION		O. USUAL OCCUPAT TYPE OF WORK FOR MOST O SALESMA	F WORKING LIFE	12b. KIND OF BUSINESS OF INDUSTRY CLOTHES			
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rely full 2 should	ت ري		MARYLAND ATHER'S NAME	-	A December of the Control of the Con	BAL	TIMORE	YESXIX NO	3	912 FORDS		APT. 2	#21215		
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Spito CTO! for	121	sow the deceased alive an 3 26 19 85, and that in (my) (our) opinion death occurred on the date and hour and from above, (1) (we) (did) (did not) view the body after death.										and from the	couses stated		
e ho DIRE	#e#		226. SIGNATURE	110	1	1		DEGREE	INIC A	MEDICAL STA	re	22c DATE			
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BP			BURIAL		MAR.31	,1985	SHAAR	CEMETERY OR CREMATE		ROSEDALI		BALTO.	MD		
HMH - 16 60M ((VRA 15, 4)	7/84		ONERAL DIRECTOR					· 21215	APH	4 985 AR	256 REGISTR	ARSSIGNAT	uppied		

DHMH - 16 60M 7/84 (VRA 15, 4)



LIVING THE PROPERTY OF THE PRO No. Ave. Teacher to the Article and Articl OLY ICE BY WELL SIC '/25/182 t. wow-metery B. its ore-Nother - sont file or your Bills Parkery
France Home, Inc. Fribitors, Hary's - Digit

MIDDLE MARIE ARCE LIAITE To CITIZEN OF WHAT COUNTRY? LISYA 11. NAME OF HOSPITAL, NURSIN STUTTE OF WITH ACTIVE OF STREET	MARRIED NEVER MARRIED WIDOWED DIVORCED	REG. NO. 20. DATE OF DEATH MONT 3 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS	26 HOUR 1435 FUNDER 24 HOURS MI
TARIE ARCE LIAITE TO CITIZEN OF WHAT COUNTRY? LISY 11. NAME OF HOSPITAL, NURSIN STUTIAL BALTIN	SAITLEY S. DATE OF BIRTH MONTH DAY YEAR 15 19 RARRIED DIVER MARRIED WIDOWED DIVORCED	20. DATE OF DEATH MONTH 3 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR CO	IF UNDER I YEAR MONTHS DAYS	1435
11. NAME OF HOSPITAL, NURSING IF HOT IN SUCH FACILITY, GIVE STREET	S. DATE OF BIRTH MONTH TAY YEAR PARRIED NEVER MARRIED WIDOWED DIVORCED	6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR CO	IF UNDER I YEAR MONTHS DATS	1435
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	T ADDRESS)	120 USUAL O PATION WORLD	12b. KIND OF INDUSTRY	BUSINES
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MIDDLE CERNIGE	15 MOTHER'S MAIDEN N 2 LUVZ	MIDDLE	SERIO	
S. ARMED FORCES? 166 SOCIAL SECTION	URITY NO. 17 INFORMANT	ADDRESS 282		
DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	JENCE OF LEVEL her	20a AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED
		YES NO NO	CERTIFYING CAUSES O	NO [
G	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN IT	EM IB PART (OR PART 2)	
21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM EIC) ZIF LOCATION	CITY OR TOWN	COUNTY	ST
nospital) attended the deceased from_e on19	7 15 85 , 19	n death occurred on the date on		nat (1) (we
Zuno			224 DATES	IGNED
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	AOVAL 236 DATE 3/18/85 230	PHYSICIAN THE OR PRINT) 220 ADDRESS 300 HAAA AOVAL 236 DATE 3 18 85 236 NAME OF CEMETERY OR CREMATORY	PHYSICIAN DIRECTOR	PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH 2b HOUR 24 6 AGE LINYEARS LAST BIRTHDAY IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

126 KIND OF BUSINESS OR

13e STREET ADDRESS / ZIP CODE

NO [IS MOTHER'S MAIDEN NAME

TAT MIDDLE

21218 20th Street

Gussie

YEAR

05

ADDRESNY, N.Y. 10029

BETWEEN ONSET AND DEAT

First Avenue Apt 8F

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

EMOSSA-GE

EULemila

200 AUTOPSY?

NO

21f LOCATION

COUNTY

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

STATE

Md

23c NAME OF CEMETERY OR CREMATORY

CITY OF TOWN COUNTY Baltimore

24 FUNERAL DIRECTOR

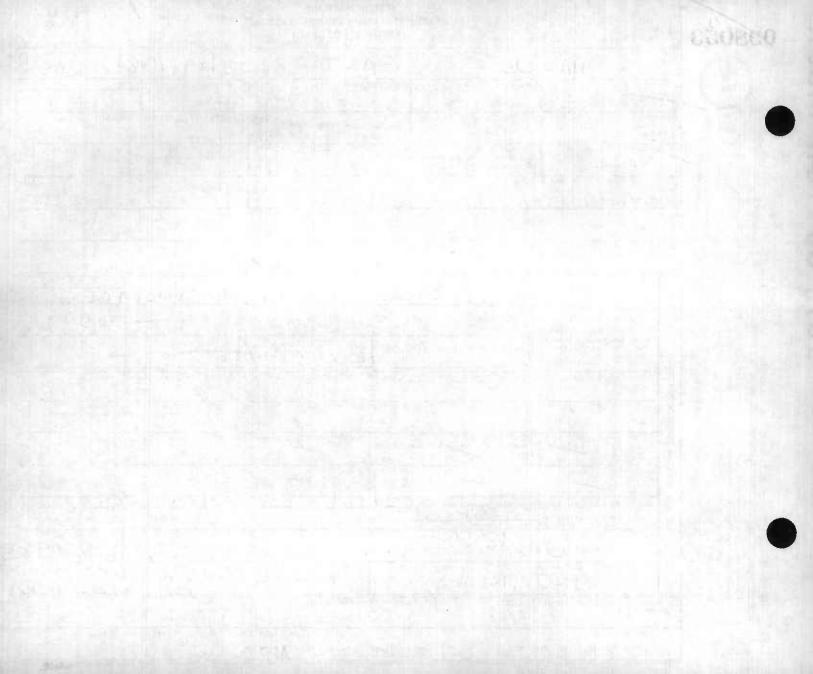
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Wm C March F/H Inc. 1101 E North Ave.

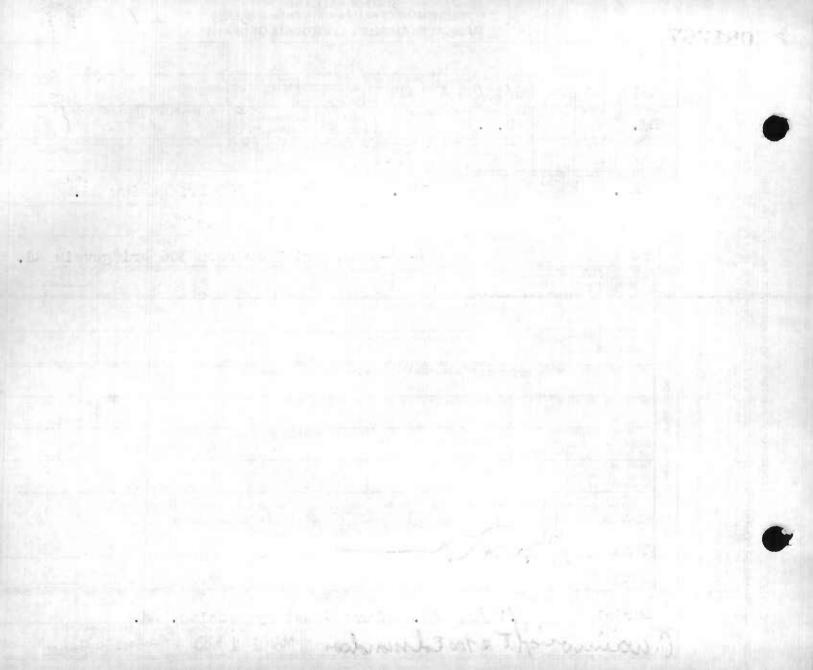
25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)



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0	0 4	I. DEC	EASED NAME	FIRST		MIDDLE	- 14		LAST		20 DAT	E KNOWN ESTI-	X MONI	TH DAY	YEAR	2b, HOUR	
	ASE JRS :-			EARL					ANTT			H MATED	□ 3	8	19 85	1	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.	3. SEX		lack	5. DATE OF BIRTH	- YEAR	6. AGE (IN YEA LAST ARTHDA YR	Y) MONTH		UNDER 24 H	PRONO DE	UNCED AD	3	8	19 85	3:48 A	
	MITHIN PREST	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			U.S.				MARRIED NEVER MARRIED 9. BALTIMORE CITY OF CO								
	DELAY IS N I TO THE FU N PAGE 5 NB FILED, V		Y OR TOWN OF I	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE 600 blk.	CILITY, GIVE ST	REET ADDRESS)		er institutio		USUAL OCC		TYPE OF WOR	12b K	IND OF BU OR INDUSTR	SINESS	
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PACE PER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 213		22a. I certify the death resulted for ACTUAL SIGNATURE	A	e of the remains described courses ,	Accident	and the same of th	Autops	, Hamicide TITLE (SPEC	CIFY)	ndetermined	manner	ond in my], DAT SIG		3 - 8-85	5	
	O MEDIO XECUTE AGE 4 S O FUNE FTER DE		EXAMINER'S NA/ TYPE OR PRINT)	Ann i	M. Dixon,					11 Pen			o., N	1d.	2120	1	
07/84 25M	BP	(SP	Burial Burial		3/11/85				Cemet	erv	LOCATION CITY OF TOWN	to. N	ld.	YTHUC		ATE	
23141	DHMH - 17 (VR A15 ME (5))	C	WOUND	won	of 270	00 E0	lma	ola		MAR 1	1 1985	ran 100 RE	Savi !	S SIGNA	ande m	R	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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07902 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH YEAR 2b. HOUR LIVEE OR PRINT 1985 Garrett March le Sarah IF UNDER I YEAR IF UNDER 24 HR 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR 42 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY NSTON WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE BALTIMORE, MARYLAND 2120 BALTTMORE Sinai Hosnital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 136 COUNTY BALto MO 3806 NO [GREENSDRING AVE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN ICIDAL E LAST MIDDLE ONES ISE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS CONSEQUENCE OF Darcoid Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ful underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g DIVISION OF VITAL RECORDS, CERTIFICATION 0 C prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 30 IN CERTIFYING CAUSES OF DEATH? PA NO YES [NO [Нуві 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 X 21f LOCATION ā 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an 2/27 and that in (my) (aur) apinian death occurred on the date and have and from the causes stated 22c DATE SIGNED 22% SIGMATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS should be The Johns Hopkins Hospital 0 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE CITY OF TOWN STATE COUNTY BP KINSTON 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 N. CAROLINE (VRA 15, 4) will day



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF REATH	

3. SEX A RACE S DATE OF BIRTH YEAR A SET MODITION SET SET	RACE S DATE OF BIRTH MONTH Cauc. E STATE OF GRECON A CITIZEN OF WHAT COLINTRY? B CHARGE S DATE OF BIRTH MONTH DAY 5 6	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS
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		NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
OR CONTRIBUTING [CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19	- LIGHT LIL HOLLEN CAN VELD	
OR CONTRIBUTING CAUSE OF DEATH	RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR ER NOTIFY MEDICAL EXAMINER! P.M. 19	ION .
220.1 certify that (I) this haspita) attended the deceased from MARCH 9 19.85 to MARCH 17, 19.85, that	RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR RE. NOTIFY MEDICAL EXAMINER! P.M. 19 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREE	CITY OR TOWN COUNTY STA
saw the deceased alive an MARCH 17 19.85, and that in my aur) apinian death accurred an the date and haur and fram the caus obave (1) we (did) did not view the body after death.	RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 URY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) TITY that (1) (This hospital) attended the deceased from MARCH 9	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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in the company of the contract of the contract

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE REGISTRAR

1. DECEASED NAME

Female

3. SEX

Rosetta

4 RACE

D.

Black

STATE OF MARYLAND CERTIFICATE OF DEATH

3 DAY

LAST

5. DATE OF BIRTH

MONTH 11

Gaston

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

March 30, 1985

76. HOUR

UNDER 24 HRS

IF UNDER 1 YEAR

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

71

	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C								
1	MD	USA	WIDOWED A DIVORCED	Baltimore Ci	-1							
ì	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		17a USUAL OCCUPATION (3YPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY							
d	Baltimore	2553 McHenry	st.	(TITE OF WORK FOR MOST OF WORK NOTICE)	II VOOSTKI							
þ	USUAL RESIDENCE (# NURSING HOME OF 136. COUP MD		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 2553 McHenry	St. 21223							
d	14 FATHER'S NAME	20000	15. MOTHER'S MAIDEN NA/		DC: ZIZZO							
	John	MIDDLE LAST	P. FIRST	MIDDLE	C							
4	160 WAS DECEASED EVER IN U.S. AR	Bowie RMED FORCES? 1166 SOCIAL SECUR	Marah	ADDRESS	Carroll							
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)										
1	No	219-03-	2291 Cornelia B	rooks 2553 McH	enry St.							
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	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF									
1	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ha										
	Z	Hyperterision, 11, which I ME thousand										
-	190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 190, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200, IF YES,										
1	OF CONTRACTOR			IN CERTIFY	ING CAUSES OF DEATH?							
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	OR CONTRIBUTING CAUSE OF DE-	P.M. Zie PLACE OF INJURY	211. LOCATION									
	WHILE NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE							
	220.1 certify that (1) (this haspi	ital) attended the deceased from	7/11 19 83		, that (I) (we) last							
H	saw the deceased alive an	at) view the body after death.	, and that in (my) (aur) apinion (death occurred an the date and haur o	and from the causes stated							
	226 SIGNATURE		DEGREE	,	22c. DATE SIGNED							
	Sellie "	- I Dompield		MEDICAL STAFF DIRECTOR PHYSICIAN	4/1/85							
	224 PHYSICIAN'S NAME TYPE	5	22e ADDRESS									
	Gilbert 1	L. BAHFIKZA A	410- 722 M.	Julton ATA BI	iht.							
-	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE							
	Burial	4/4/85 Ar	butus Mem. Pk.	Baltimore	Co. MD							
	24 FUNERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE							
	Wm. C. March		North Ave. AP	R 2 - 1005 / Man	midne Rondo							
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FOR

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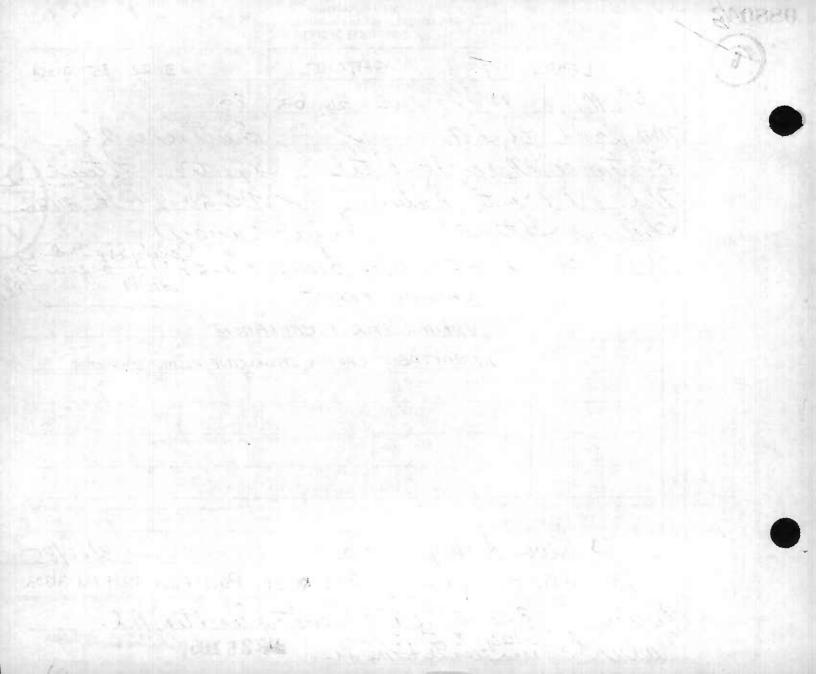
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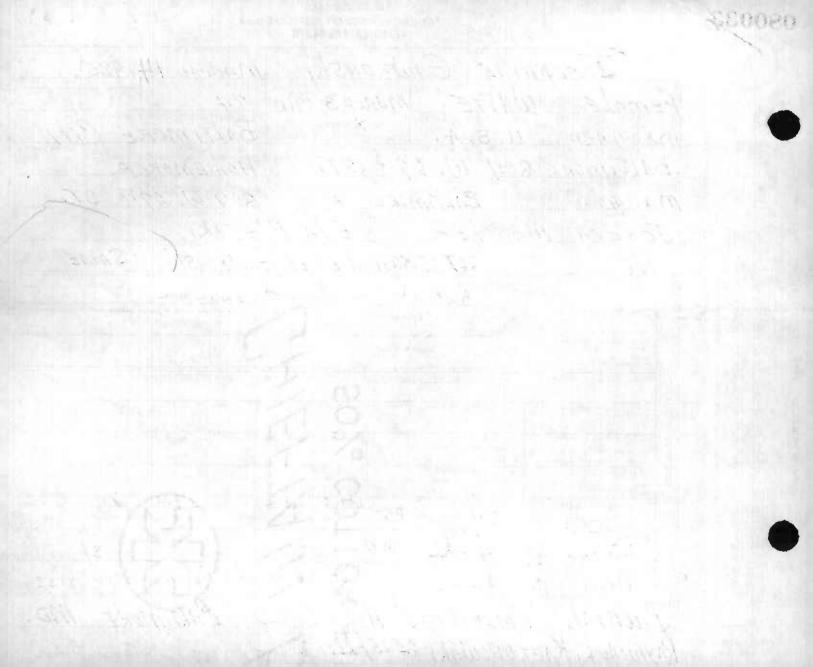
Th HOUR 85 10:35A #UNIDER LIKERS # DNDER TABLE BALTIMORE CITY OR COUNTY OF DEATH INTRACTABLE CHRONIC OBSTRUCTIVE PLYMONARY DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M YES [216 HOW INJURY OCCURRED (WITER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED St. Paul Place, Belt Md alaoa DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





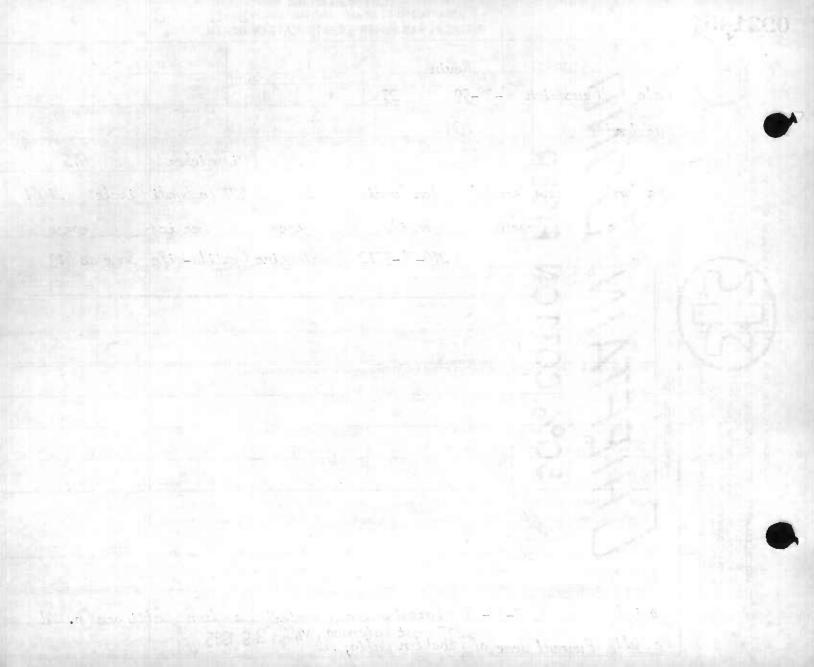
Leonard J Ruck Inc. Baltimore, Maryland

077055 A	1-	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE & 5	0 7 5	49
		REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	REG. NO 20. DATE OF DEATH		26 HOUR
1 /1/20	(TYPE	OR PRINT)	RBERT	r	R	GEBE	HARDT	MARCH 13	1985	7:55A
1 (121)	3. SE			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY} IF UNDER 1 YEA	AR IF UNDER 24 HRS
-: 1		Male		White		Nov	8,1918 YEAR	66	YRS MONTHS DAY	S HOURS MIN.
1 30 26		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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1 15/12/	14. FA	ATHER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
3 3 11/6/0	1	John	Ü		Sebhardt		Carolyn		Schmi	tt
N 24 10		VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	
M . 00		No		1146	213-14-5	999	Mrs Justine	A Gebhardt	Same	As 13e
SAL Sales		8 CAUSE OF DEAT PART I. DEATH W	H (Enter only	y one cause per	line for (o), (b), on	d (c).)			APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
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# E E E E E		sow the decease obove, (1)(we) (c	ed olive on_	3/13	after death.	55,01	nd that in (my Cour) opinion	death occurred on the do	te and hour and from th	ne causes stated
· · · · · · · · · · · · · · · · · · ·		226. SIGNATURE					DEGREE		22c. DA	TE SIGNED
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BP		xpEntomb	ment	3/16/	85 (Dak La				
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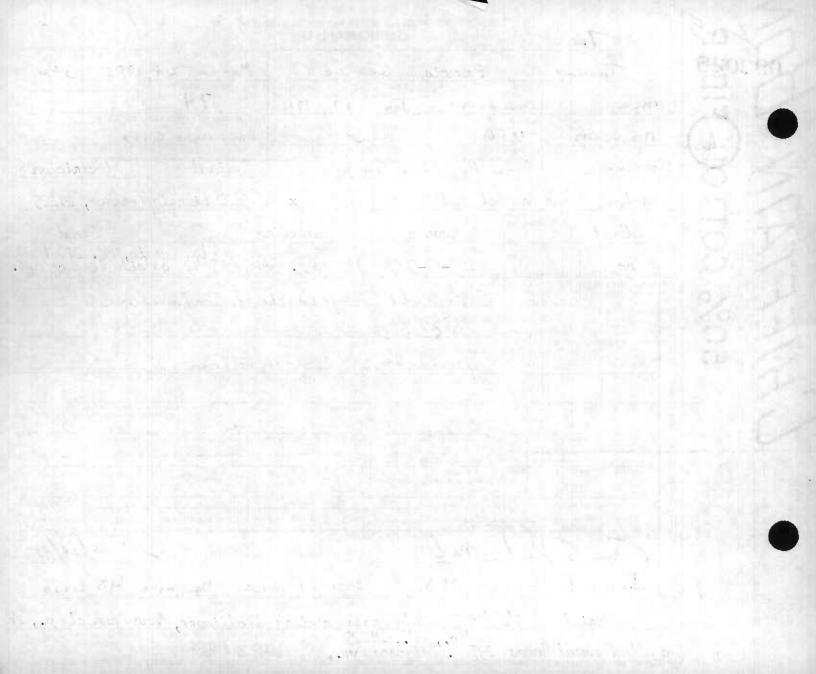
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	**************************************		EXAMINER'S NAME (TYPE OR PRINT)	Gre	gory R.	Kauri	man,M.).	ADDRESS I	11 Pe	enn S	t.	Bal	to.,N	ID.	
	PAG PAG								ADDRESS							
	-me-du	73a. BU	RIAL, CREMATION,	REMOVAL 236	DATE	23c. N	AME OF CEME	TERY OF	RCREMATO	DRY	23d. LO	CATION		COUNT	Υ ς	TATE
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, 16		FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 5 0	1552
6		REGISTRAR THO		CERTIFICATE OF DEATH	REG. NO.	
228		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	2 651	1 Hames	Trancis	5. DATE OF BIRTH	MARCH 24,	1985 3 - M
of re-	3 SEX		4. RACE	MONTH DAY YEAR	7 4	MONTHS DAYS HOURS MIN.
	-	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Jan 17, 1911	9 BALTIMORE CITY OR COUNT	Y OF DEATH
(3)		MANYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMONE C	MD.
	0 CI	ALTIMORE	SOUTH BALTIMO	/	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retined	126 KIND OF BUSINESS OR INDUSTRY Lectrician
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TO HOSPITAL retoined by th TO FUNERAL should be deter with the State IMPORTANT: If		James James	Heissen, M.D.	3001 S. Han	over BALTIMON	L, MD 21230
of of w ₹		BURIAL, CREMATION, REMOVA	-1-010- U	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY , STATE
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3/	1-	FILM C603 item 8 FOR 5/14/85 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 / 5 5 5 CERTIFICATE OF DEATH REG. NO. CEASED NAME FIRST MIDDLE LAST LA
and completely of the control director, page 36 against 1 against the control of the control of the control of the control of completely of the control of completely of the control of th	3. SE: 7a. BI 10 CI 13a. S	EURPHINI) SUSIE MAE GEORGIE MARCH 2ND 1985 5.16
aw requires that the death certificate be been signed by the attending physician mil. Then please remove carbanpapers: priar to burial, crematian, ar remaval.	CATION	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (b)] Conditions, if ony, which gove rise to immediate couse lost. [Model Part 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01
HOSPITAL OR ATTENDING PHYSICIAN: The lined by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has vide betached for use as the burial-transitipe in the State Dept. of Health and Mental Hygiese ORTANT: If them 21 is marked or them 18 shows	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED 216. HOW INJURY OCCURRED 216. HOW INJURY INTEM IS PART TOR PART 2) 216. HOW INJURY OCCURRED 216. HOW INJURY IN ITEM IS PART TOR PART 2) 216. HOW INJURY OCCURRED 216. HOW INJURY
DHMH - 16 50M 4/83 (VRA 15, 4)		BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (IT OF TOWN CITY OF TOWN COUNTY STATE OF CHARLES DO SUF BALTO, CO., MILLIAN COUNTY UNERAL DIRECTOR NAME OSEPHL. Rush 2172W, HORTH AVE MAR 6 1985 2 Savidson-Rander



SERVICE AND CONTRACTOR OF THE 1804 24 dio en di Mal It are Land Crean Nur Its Cantela Horian electric Civin Horian Ealto. × 11 oreland curvey. Albert J. Ex. Curven of Street Street 1217 EE 1694 Nes. Teancepolis, Witchesis, Entroy, o Dr. William F. Rugnar, MD | SEER St. Paul St., Salto., AMD Oran ation 1,115,05 Green Mount Ealto. Here N, Jersins R som so.

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) March 13, 1985 4 RACE I. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR 199) a BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL NURSING FATHER'S NAME (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for rai, (b), and rail PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which Recurent gave rise to immediate couse (a), stating underlying cause lost CERTIFICATION unestousen 190 DATE OF OPERATION 196 A ONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN 0 NOT WHILE AT WORK 220 | certify that (1) (this haspital) attended the deceased from____Feb Murch Mych 12 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF MO Store DIRECTOR PHYSICIAN PHYSICIAN PORTANT 22e ADDRESS d b 4 SSCI TANKIEWICZ M.D 23d LOCATION BP

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FOR

uniter PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 85 19 85 and that in (my) (our) opinian death accurred an the dote and have and from the causes stoted 22c. DATE SIGNED COUNTY 250. DATE REC'D. BY REGISTRAR 751 REGISTRAR'S SIGNAL 24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

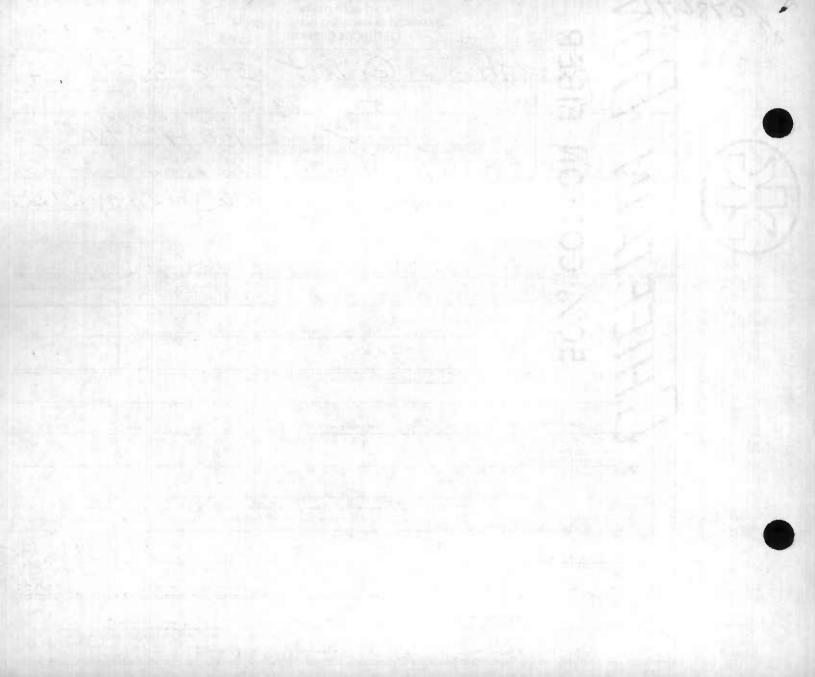
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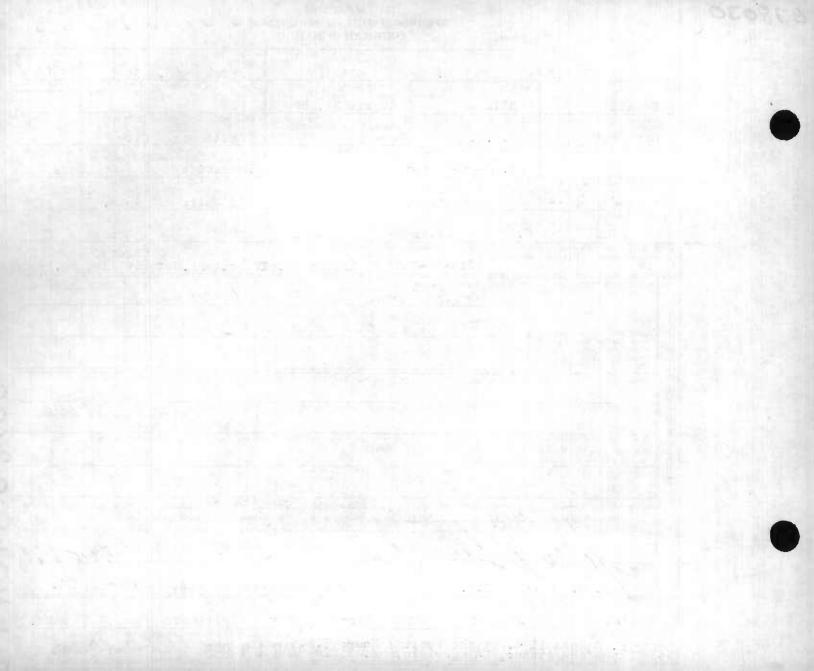
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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7	'	STATE REGISTRAR				ATE OF DEATH		. NO.		9
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page 3

executed within 24 hours after

PHYSICIAN: The law requires that the death certificate be

OR ATTENDING

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE	

TAL HYGIENE CERTIFICATE OF DEATH

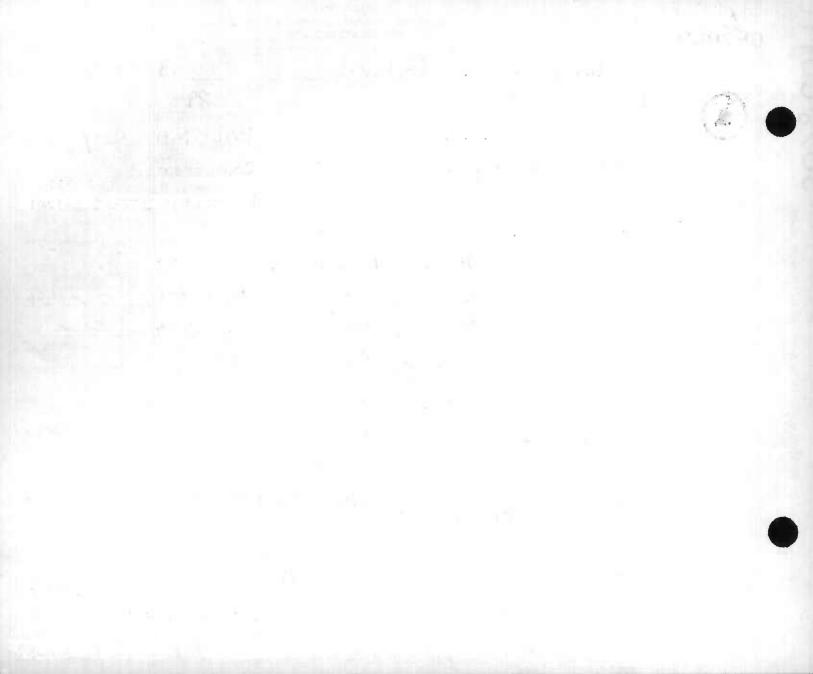
V.		REGISTRAR			CLKIII	ICAIL OI DEATH	REG. N	Ю.		
		CEASED NAME FIRST		F. G	ibs	AST N	20. DATE OF DEATH	3 - 1	9-85	26. HOUR
	3 SE)	MALE	RACE	ack	5. DATE C		6. AGE (IN YEARS LAST BI		ONTHS UAYS	# UNDER 24 HRS HOURS MIN.
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0	В	Baltimore	LAFA Y	ette S	DDRESS)	. 37 / 77	(TYPE OF WORK FOR MOST			n bosiness ok
5		AL RESIDENCE (IF NURSING HOME OR STATE MALE)		BALLO		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS			1217 venue
19	14. FA	Thomas	H .	Gibsor	1	Marie	WE		LAS	ŞT.
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS Ap	t. 70	7 N-
	,	NO		217-12-	7581	Nellie M.	Wright 2	501 V	iolet	Avenue
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	TION	PART 2 OTHER SIGNIFICANT C								
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
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	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR FO	NWC	COUNTY	STATE
		220.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	3	19/ 19	85. or	nd that in (my) (our) opinion	death occurred on the c	late and hour		that (I) (we) last causes stated
			. place	en		MD ATTENDING PHYSICIAN	MEDICAL STA		3/2	SIGNED 2018
		AMA TUL	PRINT)	HEEM	7	56 Do	lphin s	J B	elto 1	21717
	23a. B	BURIAL, CREMATION, REMOVAL	3/22			Calvary Cer	MANNE A	runde	COUNTY	M'd.

DHMH ~ 16 50M 4/83 (VRA 15, 4)

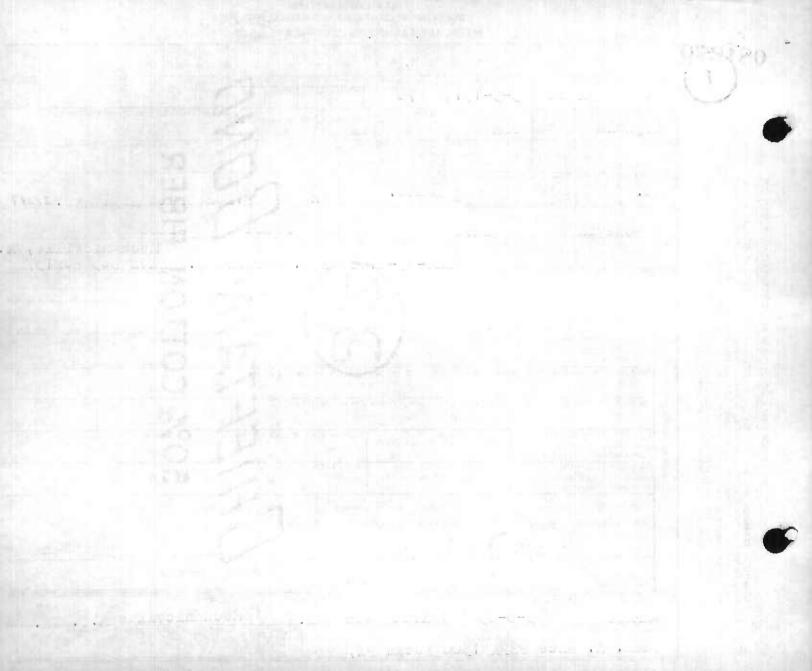
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, I and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

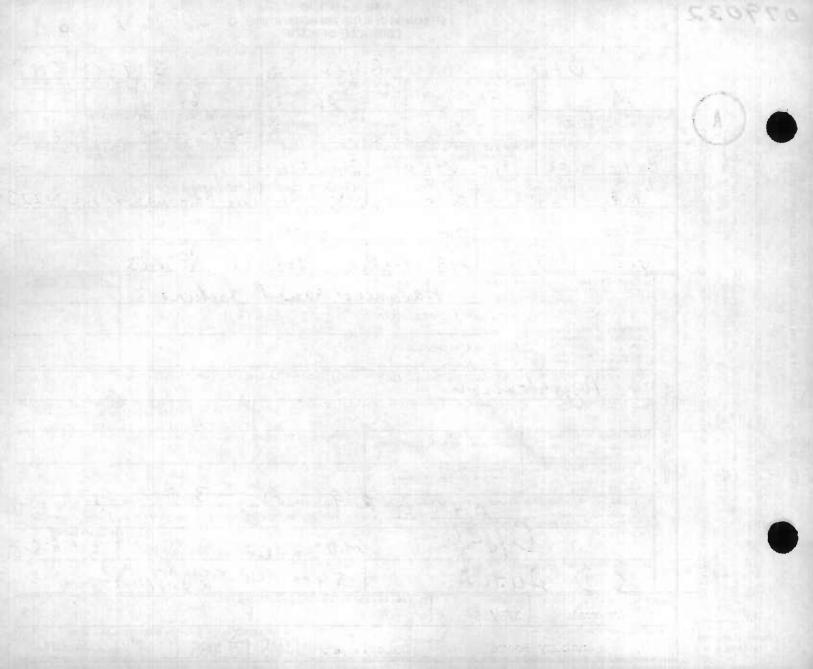
24. FUNERAL DIRECTOR
William C. MARCH F/H 1101 E. Nord REGISTRAR 256 REGISTRAR'S SICAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME KNOWN LTYPE OR PRINT) GILES OF ESTI-H. JAMES -3-85 19 4 RACE DATE OF BIRTH 6. AGE IN YEARS SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED Male Black 8:45A DEAD 3-4-85 19 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Virginia Baltimore City USA WIDOWED DIVORCED JURS AFTER DEATH. IF ANY DELAY IS NER 18. GIVE PAGES 1, 2, AND 3 TO THE FUN. 5 WITH FORM PAN 3. RETAIN PAGE 5 F MIT. PAGES 1, KND 2 SHOULD BE FILED, W. I. F. DIVISION OCEVITAL RECORDS, 201 W. I. ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY 1202 Druid Hill NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13 COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YEST NO [Druid Hill 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Giles Giles Pearl Calvin ADDRESS Chanicville, VA. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO IYES, NO, OR UNKNOWN 228-03-2108 Giles Rt5 Box157 Rev. Bernard CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease & PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION DED TO THE COSED AND SECURED BE USED AND SECURED BE DEPARTMENT OF HEAD SECURED BY THE SECURED BY 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES | NOXX 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3.8 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Suicide Homicide L Undetermined manner TITLE (SPECIFY) . ACTUAL 3-4-85 Assistant MEDICAL EXAMINER DATE SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3-8-85 Mechanicville H. Hion Cem Buria First BP. 07/84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE in a Davidson-1/2mlasse **DHMH - 17** NAME (VR A15 ME (5)) Rice FSPA 1300 Eutaw



079032	FOR 1 STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH REG. NO.
noy be poge 3	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	Giles SR. 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR A
	3 SEX M RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 2 6 IN YEARS LAST BIRTHDAY) WONTH DAY YEAR 2 7 19 19 19 19 19 19 19 19 19 19 19 19 19
decth Pr	70. BIRTHPLACE TRAITE OF FOREIGN TO COUNTRY) VIRGINAL OF WHAT CO	WIDOWED DIVORCED BE 1 TO BE CITY OR COUNTY OF DEATH
by the filled with notified	Baltimore Mt.	L, NURSING HOME OR OTHER INSTITUTION [120. USUAL OCCUPATION 120. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY [120. USUAL OCCUPATION 120. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 21:	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) 136. STATE 136. COUNTY 131. STY 14. FATHER'S NAME	POR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME
	Alfred Gile	s Cornelius
BALTIMORE, cote be executory sician and coppers. Pages you!	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC (1955 NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 2/4	5-18-5542 Medical Records
W. PRESTON ST., at the death certifu by the attending ph se remove carbonp cremotion, or remo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CO Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	
TALRECO The law ricion. The has been sit permit. Green prior	STIFIC	R WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 JIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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NTENDO Sprid o Storiuse of Heal	270. I certify that (I) (this hospital) attended the decases saw the deceased alive on above, (I) (we) (did) (did not) view the lady attended 272b. SIGN ATURE	and that in (my) (our) opinion death accurred on the date and hour and from the course stated
TO HOSPITAL OR A seroined by the hosp TO FUNERAL DIRECT Should be denothed with the Store Dept.	224 PHYSICIAN'S NAME (TYPE ON PRINT)	ATTENDING MEDICAL STAFF PHYSICIAN DOTRECTOR PHYSICIAN 3, 11.83 220. ADDRESS SHOW OLD COLL RT RD RANDALLS TOWN
BP	230, BURIAL, CREMATION, REMOVAL 23b DATE SPECIFY) Removal 3/9/85	236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Anatomy Board	ADDRESS Balto., Md. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAR 15 1985



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) spinion death occurred an the date and have and from the causes stated 22c. DAJE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL 100 N. Broadway BURIAL -ARKWOOD CEM 24. FUNERAL DIRECTOR EY MILLER - 7527 HARROBBaltimoreMAR 2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

26 HOUR

176 KIND OF BUSINESS OR

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DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR

- PER DOMESTING THE STREET ENTRY AND APPARAMENT AND APPARAMENT 30 20 37 TRANSPORTER was and the formation and the standard American Control to the TARTLEY PILES - WAY HARREST HARREST THE COLOR

FOR

13e.STREET ADDRESS / ZIP CODE 21224 St South Droi Omssen ADDRESS As 13e Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3/21/85 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY STATE 3/23/85 Baltimore, Maruland Oak Lawn 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND Leonard J Ruck Inc. Baltimore, Maryland

MONTH

26 HOUR

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

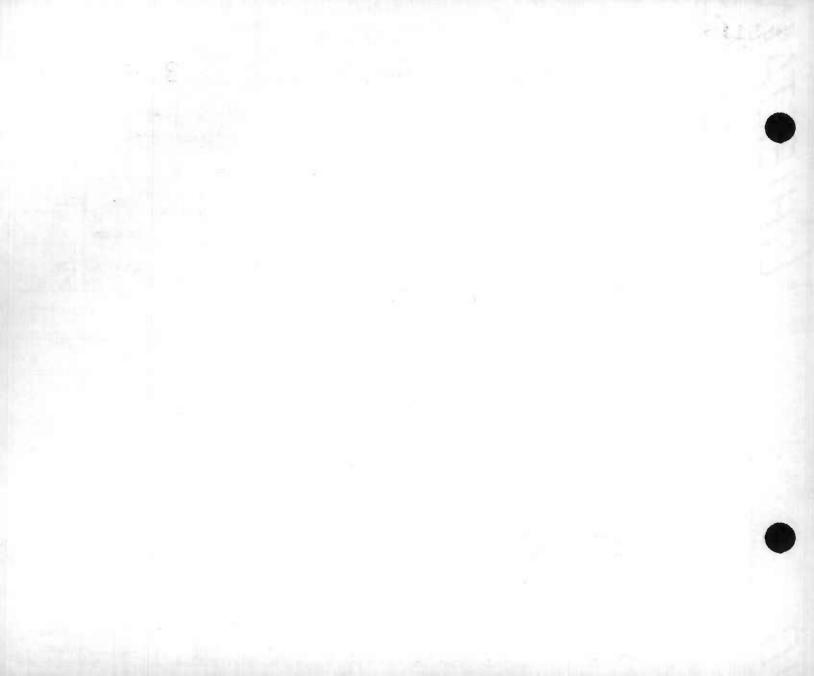
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR



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(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b HOUR TYPE OR PRINT HOWARD GITTINGS March 28. 1985 3 SEX 4. RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH YEAR 15 10 10 male black. 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY BALTIMORE CITY Maryland U.S.A. WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 IL USUAL OCCUPATION 12b. KIND OF BUSINESS OR WAMC LOCH RAVEN BALTIMORE MD LTYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13L CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1005 N. Rosedale St.21216 Baltimore Maryland YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Richardson Emilv Gittings Howard S 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 16 03 6832 Howard John Gittings 3000 Howard Park YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line fagia), (b), and (c) PART I. DEATH WAS CAUSED BY Hrree f ardice IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL YES [NO F rial-transit pantal Hygier 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DE ATH Hem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 0 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a. I certify that (X (this haspital) attended the deceased from March FUNERAL DIRECTOR: March 28 19 85 saw the deceased alive an March 28 abave, (X(we) (did) (X(X(X)) view the body after death and that in (mx) (our) opinian death occurred on the date and have and from the causes stated DEGREE 22c DATE/SIGNED ATTENDING MEDICAL should be detacted with the State E. PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS DURBER Baltimore MD21218 3900 Loch Raven Blud 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE 4/3/85 Garden of Eternal Hope Baltimore Co, BURTAL . bm 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Wm C March F/H Inc. 1101 E North AvenueMAR 29 in Laurdson-Randell

STATE OF MARYLAND



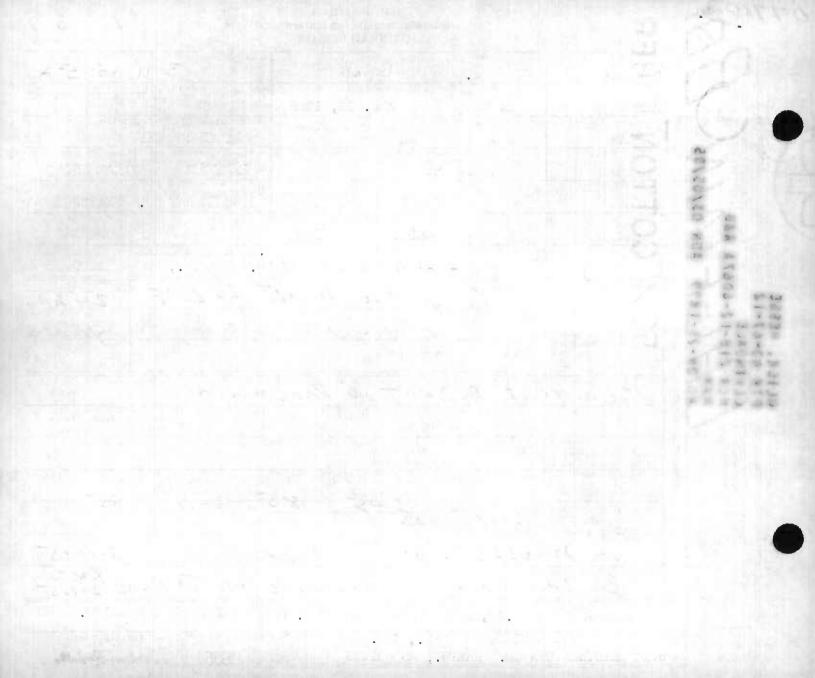
STATE OF MARYLAND

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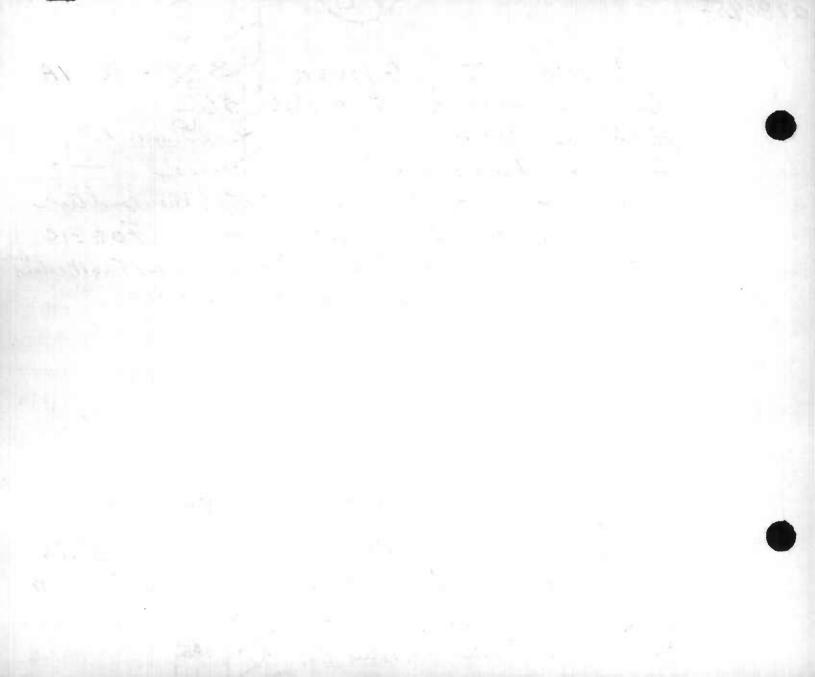
STATE OF MARYLAND

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ALOR ATTENDANC the hospital or of ALDIBECTOR, Alts detailed for use or ore Dept, of Health (1, if hem 2) is mark		22e. I certify that (I) (this haspital) attended the deceased from 10/75, 19.83, to 3/4, 19.85, that (I) (we) for sow the deceased alive an 19.85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated and the course of the date and hour and from the causes stated and the course of the date and hour and from the causes stated and the course of the date and hour and from the causes stated and the course of the date and hour and from the causes stated and the course of the cours
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BP HMH - 16 50M 4/83 (VRA 15, 4)	17	JUERAL DIRECTOR JANE AL DIREC



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FOR - STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

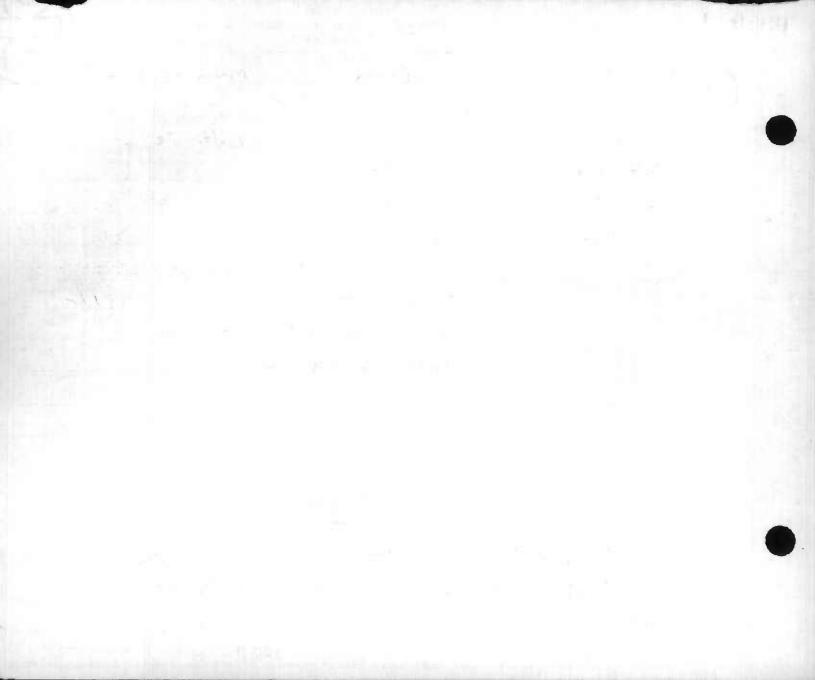
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U.S.A.			Maltimo	ce City.				
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Provident H	ospital		TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTI	RY			
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not) view the body ofter death.		(our) opinion	death occurred on the do					
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E OR PRINT			1.1.01	.11				
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	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION	COUNTY	STATE			
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					JATI1RE			
'H Fnc. 1101		nue AF		· Lia Duridson	Branda 00			
	A. I RACE Black Th. CITIZEN OF WHAT COUNT U.S.A. II. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVES Provident H OR OTHER INSTITUTION, GIVE RESIDENCE B (UNITY Balt MIDDLE GOINS ARMED FORCES? GIVE WAR OR DATES) AND ONLY ONE COUNTY DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (c) TO CONDITIONS CONTRIBUTING IPP. CONDITION FOR WHE AND CONTRIBUTION 19b. CONDITION FOR WHE CALL PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF) SEPTION ON ONLY OF THE CONTRIBUTION P.M. 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF) SEPTION ON ONLY OF THE CONTRIBUTION THE OR PRINT THE OR P	A. GOIN 4 RACE Black Black 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER / WIDOWED DI 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS: (IF NOT IR SUCH FACILITY, ONE STREET ADDRESS) Provident Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! UNITY Baltimore (AST COUNTY 13d. INSIDE COINS RMODILE GOINS RMODILE GOINS RMODILE GOINS RMODILE GOINS RMODILE CAST COUNTY NO. 17 INFORMA REIT ONLY ONE OF AS A CONSEQUENCE OF (b) CAST COUNTY NO. 17 INFORMA SED BY: IATE CAUSE (0) CARLIEUT NO. 17 INFORMA SED BY: DUE TO, OR AS A CONSEQUENCE OF (b) CAST COUNTY NO. 17 INFORMA TO DUE TO, OR AS A CONSEQUENCE OF (b) CAST COUNTY NO. 18 INFORMA TO DUE TO, OR AS A CONSEQUENCE OF (b) CONDITION FOR WHICH OPERATION WAS PERFORMAN TO CONDITION FOR WHICH OPERATION WAS PERFORMAN 199. CONDITION FOR WHICH OPERATION WAS PERFORMAN TO CONDITION FOR WHICH OPERATION WAS PERFORMAN 199. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) DEGREE PEOR PRINT 220. ADDRES 221. NAME OF CEMETERY OR 222. ADDRES 223. NAME OF CEMETERY OR	A. GOINS, Jr. Black Black 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DNORCED U.S.A. WIDOWED DNORCED 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH ACCURT, GIVE STREET ADDRESS) Provident Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSON UNITY 13c. CITY OR TOWN Baltimore 15 MOTHER'S MARDEN NAMED IN MODEL MIDDLE GOINS Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhoda ARMED FOR AS A CONSEQUENCE OF Rhoda 17. INFORMANT 18. INFORMANT 18. INFORMANT 19. INFORMANT	A. GOINS, A. MARCA Black Black	A. GOINS JT. March A 1985 RACE Black S DATE OF BRTH MOWIN DAY 17 18 6.7 YRS. 18 ALTIMORE CITY OR COUNTY OF DEATH WIDOWED DAY NORTH DAY 18 USUAL ACCUPATION ITHE OF WORK FOR MOST OF RAINED DAY 18 USUAL ACCUPATION ITHE OF WORK FOR MOST OF RAINED DAY Baltimore City Baltimore City Brown a Signet Address Provident Hospital OF OTHER INSTITUTION ITHE OF WORK FOR MOST OF WORKHOLDES) Provident Hospital OF OTHER INSTITUTION Baltimore IS MOTHER INSTITUTION Baltimore IS MOTHER INSTITUTION Baltimore IS MOTHER INSTITUTION Baltimore IS MOTHER SMARDEN NAME MODIE Goins Rhoda Goin ARMED FORCES? IS MOTHER'S MARDEN NAME MODIE Goins Rhoda Goin ARMED FORCES? IS MOTHER'S MARDEN NAME MODIE MODIE MODIE MODIE MODIE MODIE MODIE MODIE Goins ARMED FORCES? IS MOTHER'S MARDEN NAME MODIE MODIE			

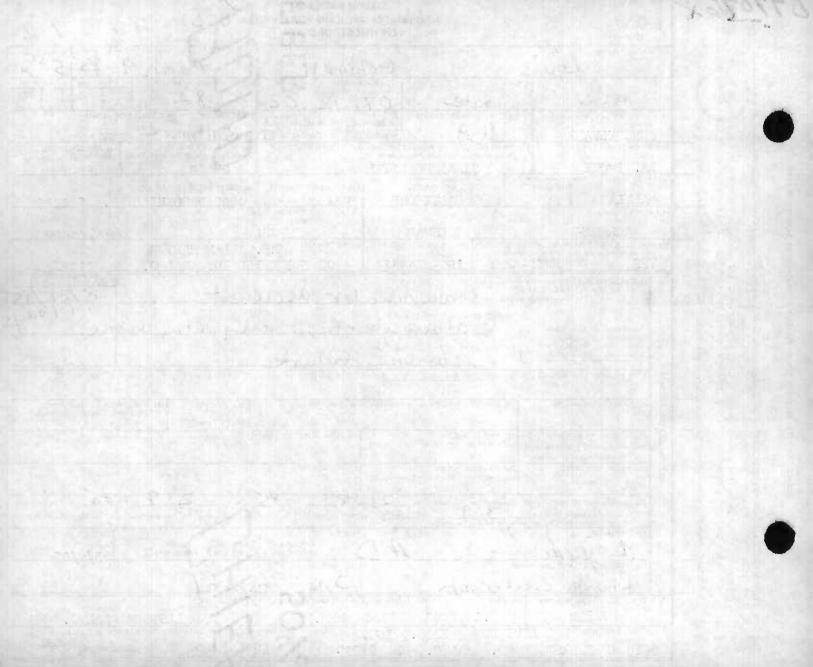
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the hospital

HOSPITAL 0 BP.



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	1		REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	0 1 2 1 2
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76. HOUR
	e f	(TYP	Loui	6-0	Idman	March	9 85 55 AM
6	0.0	3. SE			OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS
	A)		maila	MON	T DAY YEAR 2	82	MONTHS DAYS HOURS MIN.
18		-	1110000	white 0		9 BALTIMORE CITY OR COL	RS.
6	200		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED XX		
deoth de	Transfer of F		PENNSYLVANIA	USH WIDOW	/ED DIVORCED	Baltimore	
	ied wit	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE INMARKENE CORP
	filed filed	7	BALTIMORE	SINAI HOSPITAL		GUARD	DEPOT
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AR WILL	and 2		FIRST A DD A TIANA	MIDDLE LAST	FIRST	MIDDLE	LAST
E, M	0 -	14.0	ABRAHAM WAS DECEASED EVER IN U.S. A	GOLDMAN RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT MDC		UNKNOWN
o se	Pages		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)		. ALLAN MASTER	
De De	rs. Pe		YES WWI	I-ARMY 159-03-4314	1 4002 BROOKH	ILL RD. BALTO	
BAL	physici npaper movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (b), (b), and (c).)	4	1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
To the	T C C >		IMMEDIA	TE CAUSE (D) CONTOLOVASCO	Jar ales	doent	6/38/85
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PR PR	ema mot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
¥	by t sser		underlying couse lost.	(a) Cardial	fulling		
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DS,	hen to b	NO.					
0 3	mit. I	Ŧ	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. 1	F YES, WERE FINDINGS USED
	de de	CERTIFICAT				YES NOT	ERTIFYING CAUSES OF DEATH? YES NO NO
TAI.	nsit p	4 2	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
P VI	rrial-tran entol Hy them 18:1		OR CONTRIBUTING CAUSE OF DE	LIQUID A MA MODERLI DAY VEAL	?	(Little Andone Or and Andone	
Sic Sing		S S	LIF EITHER NOTIFY MEDICAL EXAMINE		211 LOCATION		
SIO PHY endi	the bu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR FOWN	COUNTY STATE
NO ST	After t e as the olth and morked		AT WORK NOT WHILE AT WORK			1-1-9	
N N	OR: A			ital) attended the deceased from	19 05		
TTE			sow the deceased alive as above, (1) (we) (did) (did n	ot) view the body ofter death.	and that in (my) (our) opinion	death occurred an the date and	d have and from the couses stated
has h	DiRECT Sched for Dept of		774 SIGNATURE	4	DEGREE		22c. DATE SIGNED
the the	- 50		1 July	in MI	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/85
SPIT.	FUNERAL uld be den the State		224 PHYSICANS S NAME (CITE	38 98 98 93	22e ADDRESS		3/3/03
	should be de with the Stat		Phonds 7	1 ctormin	Sinai He	renital	
OT of other	shoul with 1	73n	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
BP_		1.00	(SPECIFY) BURIAL		EL MEM. PARK	CITY OR TOWN	COUNTY STATE
BP_		74 F		LEVINSON & BROS., INC		RANDALLSTO	
	6 50M 4/83			WDOKE22 -	0.44		Davidson-Randell
(VRA	(15, 4)	-	6010 REISTERSTO	WN RD. BALTO., MD 2	21215 MA	200 P 1 71	Jam Indon I .



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene MPORTANT: If hem 21 is marked or them 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

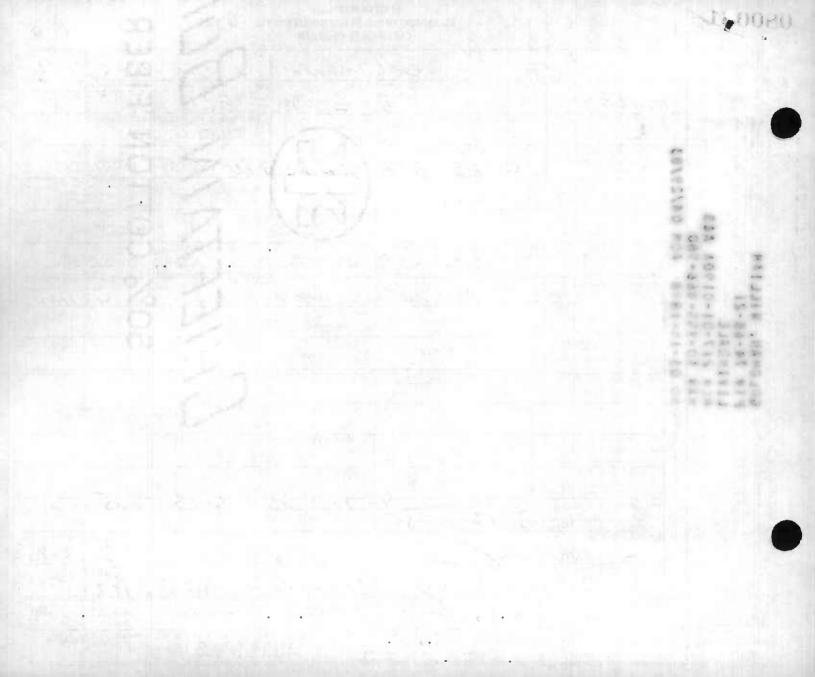
CERTIFICATE OF DEATH

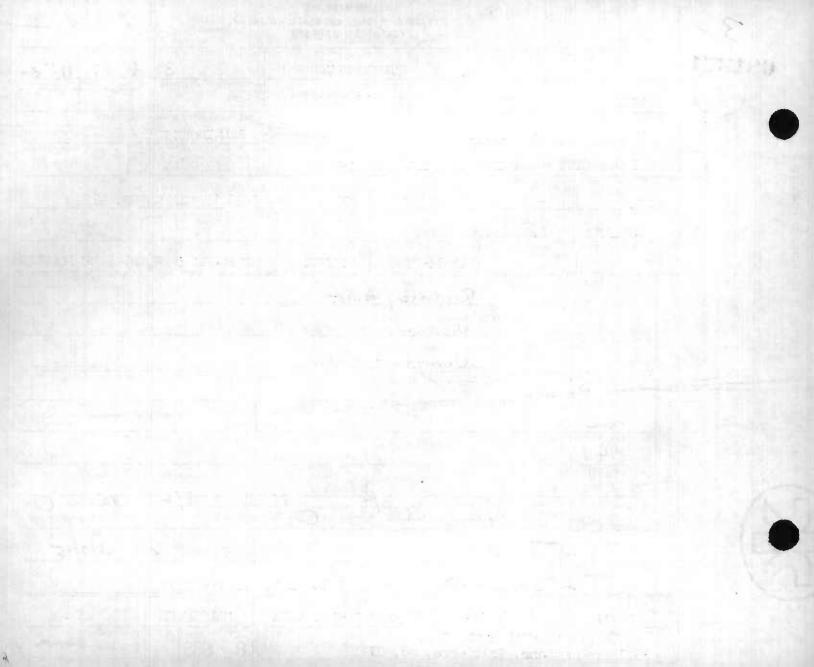
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	DEC NO		•	-	4	8

					KEG. INC	J.	
	DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	WILLIA	n	606	DMAN	0	3-13-	85/20
3. :	SEX 1	RACE	5. DATE C	DAY YEAD	6 AGE IN YEARS LAST BIRT	HDAY) IF UNDE	DATE HOURS MIN.
	MALK	WHITE	3	15 1890	86	YRS	
		CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	_	ATH
1	RUSS IA	USA	WIDOWE	DIVORCED	BALTIMO	RE CITY	MI
100		NAME OF HOSPITAL, I NAME OF HOSPITAL, I NAME OF HOSPITAL, I	NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE		KIND OF BUSINESS OF
25	BALTIMORE	EVINDALE	HEBREN	VGEEJATLIC C	MEC TAIL	OR (IFE)	CLOTHING
	AL RESIDENCE (IF NURSING HOME OF O		TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE AP	202
5	MARYLAND	BALTI	MORE	YES XX NO	13° STREET ADDRESS 6520 EBER	LE DR.	21215
16	FATHER'S NAME	IDDLE i	AST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	1	
0 2	WILLIAM	GOLDMAN	J.	GERTRUDE	MIDDLE	UNKN	NOWN'
	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16h SOCIA	L SECURITY NO.	17 INFORMANT MRS			
4	YOS, NO OR UNKNOWN) (IF YES, GIVE	2/7-	01-0190	4508 TAPSCOT	TT RD. BAL	TO., MD	21208
40 0	18 CAUSE OF DEATH (Enter only	ane cause per line for tal,	(b), and (c)	. 0	•	В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
90 0	PART I. DEATH WAS CAUSED IMMEDIATE		7/ MA 11	ON INFUM	INIA	9000	48 1445
10 -		DUE TO, OR AS A CON	ISEQUENCE OF				
65 11 65 11	Conditions, if ony, which	(b)					
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF		100000	4.4	
~	underlying cause lost.	(6)	ISE GOETICE OF				
	PART 2. OTHER SIGNIFICANT CO		G TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN IN F	PART Ita
NO I	4						
7 3	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED
CERTIFICA					YES NO	YES T	AUSES OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	TIL DAY VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
4	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO		UNITY STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TO	WN COL	JNTY STATE
	22a.1 certify that (I) (this hospita) attended the deceased	from Y	- 78 19 83	2. to 5-/	3 19 8	that (I) (we) las
	saw the deceased alive on above, (1) (we) (did) (did nat)	3-13	_19	nd that in (my) (our) apinion d	eoth accurred on the do	te and hour and fi	-
	22h SIGNATURE	view the body offer death		DEGREE		220	. DATE SIGNED
	W mal	11/		ATTENDING PHYSICIAN P	MEDICAL STAF		3-17-81
	22d. PHÝ SICIAN'S NAME (TYPE OR	PRIME		22e ADDRESS	VILLETON THYSIC	R	LTO
	1 B- 20tw	- WIN,	uD	IRVINDALO	Genetaz	(7/2)	12/5
230	BURIAL CREMATION, REMOVAL	23h DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	C/Y//	
	ISPECIFYI BURIAL	MAR. 14, 1985	HAR SI	NAI BENEV.SOC	. ROSEDAL	E coB.	ALTO. STAIMD

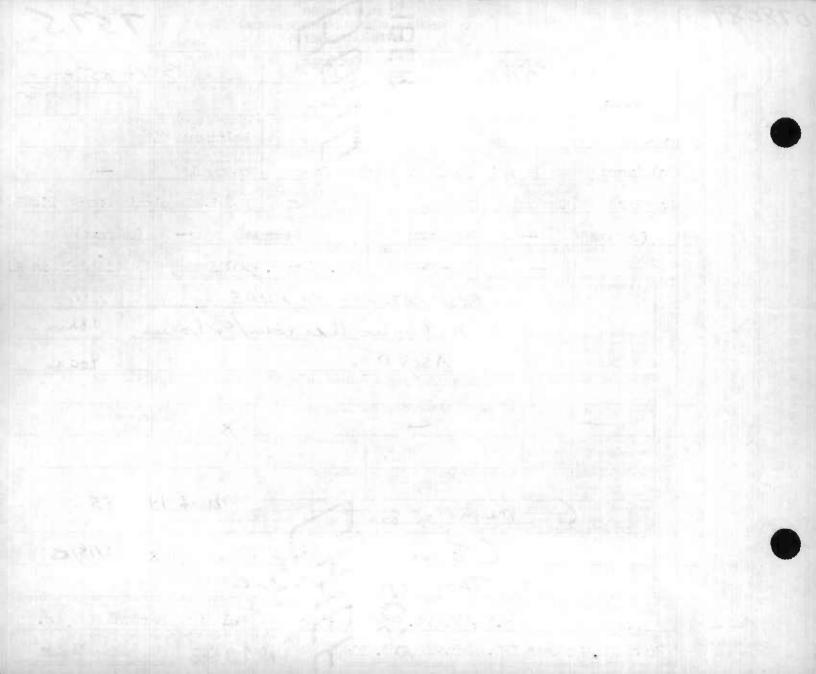
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SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERSTOWN RD.

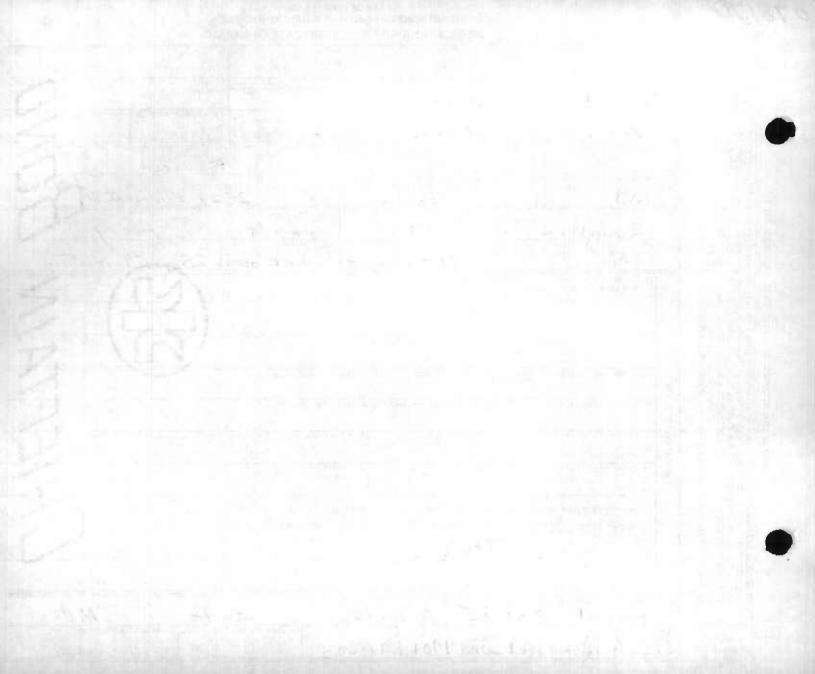




78087	1	1.	FOR STATE			DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES 5	07	157	15
(B:s)	7		REGISTRAR CEASED NAME ORPRINT	FIRSTJO	hanna NNA	MEDDIE Henrie		Goodreau	REG. N			26. HOUR 4:50 PM
V. III		3. SE	x	7/10	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
4 995	~	s_	Female		Whi		May		83	YRS.		MIN.
5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/		IRTHPLACE (STATE OR FO COUNTRY)	DREIGN	USA	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	Baltimore City		OF DEATH	MD.
to other o	3/	Ba	ITY OR TOWN OF DEAT	-/-	11. NAME OF (FNOT IN SUC Francis	Scott Ke	v Med	ical Center	126. USUAL OCCUPAT ITYPE OF WORK FOR MOST Housewife		12b. KIND OF INDUSTRY	BUSINESS OR
AND 212 74 hours	33	3a.		G HOME OR 131: COUN Harf	VTY	Joppa		134. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 805 Phila	/ ZIP CODE adelphi	a Road	21085
MARYLY of within	2	H. F.	ATHER'S NAME FIRST (unknown)		WIDDLE	Vesperman		15 MOTHER'S MAIDEN NA FIRST (Unkr	MIDDLE	- (U	Nknown)	
MORE, I	2 gedicol		WAS DECEASED EVER II		MED FORCES? E WAR OR DATES}	16b. SOCIAL SECU 208-20-9		Mrs.Helen E.	ADDR	ESSJoppa c, 805	Md. 21 Philade	l085 elphia Ro
f., BALTIMO	vent, me		18 CAUSE OF DEATH PART I. DEATH WA	C C . LICE	0.011	r line for (a), (b), and RESPIRI		24 FAIL	IRE		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
PRESTON S he death cert he attending emove corbo matian, or re	roumatic e		Conditions, if ony,	which		or as a constitue	Δ.	i acidos	is/Embo	lus.	28.	his
201 W. P	or other 1		couse 101, stoting the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF SCVD.							400	2ro	
	injury,	NO	PART 2 OTHER SIGN	IFICANT (CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR COM	IDITION GIVE	N IN PART 110	
he law roon. hos bee	J ows any	CERTIFICATION	19a. DATE OF OPERAT	ÖN	196 COND	ITION FOR WHICH	OPERATIO -	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH? NO
SICIAN: TI ng physici certificate rrial-transis	48 EM		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTIONS CONTR	AUSE OF DE	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	R1 1 OR PART 2}	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir rottending physician. When this certificate been sig	ked or h	MEDICAL	21d INJURY OCCURRI	E D	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
To o o o o o o o o o o o o o o o o o o	21 is mor		22a I certify that (I) sow the decease	his hospi	1/100	un 1 19	85. or	d that in (my) (our) opinion	deoth occurred on the	late and hour		not (1) (we) last
S + S + S + S + S + S + S + S + S + S +	IT: If Hem		obove, (I) (we) (di 22b. SIGNATURE	d) (did no	() view the body	Tan un		DEGREE ATTENDING	MEDICAL STA	AFF	3718,	
O HOSPITAL Connect by the Connect beautiful to	NPORTAN		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	TAN		FSK.	m C.			
BP	5.1	-	BURIAL, CREMATION, R (SPECIFY) UNERAL DIRECTOR	EMOVAL	236. DATE Mar. 19			emetery or crematory Cemetery	23d. LOCATION CITY OR TOWN Bel Air	Harfo		Md.
DHMH - 16 50M 4 (VRA 15, 4)	/83		Ioward K. Mo	cComa	as III,	Abinadon,	Md.		R-1 8 1985	10.	AR'S SIGNATU	



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	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
		REGISTRAR		ME	DICALI	EXAMIN	ER'S C	ERTIFIC	CATE OF		PS I	EG. NO.		
		CEASED NAME	FIRST		WIDDIE			LAST		20. D	ATE KNO	NOW X NOW	ITH DAY YE	AR 2b. HOUR
	(17)	E OK PRINT[ROLLE	TNI	M		C	OODS			OF EST	-	15 19	35
	3 SEX		4 RACE	5 DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 24	HRS. 2c.	DATE	MONT		AR 2d HOUR
		k/A	E	MONTH DAY	1410	74 YE		SDAYS	HOURS A	MIN. PRO	NOUNCED	2	15 19 8	35 1:52
	70 8	RTHPLACE (SI	ATE OR	76 CITIZEN OF W		/		1		9 B		CITY OR COL	UNTY OF DEATH	
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_	10.6	REIGN COUNTRY)		U	121	4.	WIDOW		DIVORCED	- 1		re Cit		MC
~	10. C	TY OR TOWN	OF DEATH	11 NAME OF HO	SPITAL, NUF ACILITY, GIVE ST	REET ADDRESS	, OR OTH	K INSTIŅŪ	TION	FOR MOST	OF WORKING LI	N (TYPE OF WOR	OR INDI	
		Baltim		2529 N.		ont St				R	extin	red		100
ř		TATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G		OR TOWN		13d. INSIDE C	THE CHARLES IT	Je STREET	DDRESS		_ 2	1216
2		Md.			F	alto	7.3.0	YES	NO 🗌	252		VAMON	JSI.	
Ī	14. F	ATHER'S NAME		MIDDLE	0		-	IS. MOTHE	ER'S MAIDEN	NAME	WIDDIE		EAST	
-		Sau	inder 5	MIDDLE	600	05		,	L4/9	,	WIDDE	Hen	14	
i	16a. \	VAS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURIT	1 NO.	17 INFORA	MANT		AD	DRESS		
	(Y	ES, NO, OR UNKNO		WAR OR DATES)	217	16-020	33A	Paul	ine G	pods	2520	2 511	modi	-
	H	LIL CALISE O	EDEATH (Eater on	ly one couse per lin	N			D.C. W. C.	.,,,,,	,000,0	~27	m110	APPROXI	MATE INTERVAL
		PARTIDE	ATH WAS CALISE	D RV.							4. 1		BETWEEN	NSET AND DEATH
A			IMMEDIA	TE CAUSE (0) HY				erios	clerot	ic car	colova	scular	alseas	5
HEALTH AND MENTAL HYGIENE, DIVISION OF VIT N., CREMATION, OR REMOVAL.			The state of the s	DUE TO, OF	RASACON	SEQUENCE (OF .							
Y C			ns, if ony, which se to immediate	(b)										
		couse (o)	stating the under-		AS A CON	SEQUENCE (OF.							
	P0	lying cau	se lost.	(c)										
	3.	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PART I	1 101				
	Z													
	CERTIFICATION	19a. DATE OF	OPERATION	19b COND	TION FOR V	WHICH OPER	ATION W	AS PERFOR	MED?				2D AUTO	SY?
2	SF												YES [7
	E E	21g. EXTERNA	L CAUSE WAS	21b. TIME O	FINJURY		71r HC	WINIIRY	OCCURRED	FINTER NATUR	F OF INJURY IN	STEM 18 PART 1 O		№ Х
,		UNDERLYING	OR			DAY YEAR			OCCORNED				A Contraj	
	5	21d INJURY C	NG CAUSE OF		A. OF INJURY	19	211 100	ATION						
	MEDICAL				TORY, FARM, ET			REET		СП	ORTOWN		COUNTY	STATE
		AT WORK	AT WORK											
		220. I certif	y that I took charc	ge of the remains de	scribed obo	ve. held on	Autops	v [].	Inspection	[]. In	quiry X	and in my	v opinion	V-1
		death resulted fram: Natural causes X. Accident , Suicifide , Homicide . Undetermined manner .												
		deam resona	A	or educes (EE)	1		cide			Onderenni	ied indimer	L		
		ACTUAL	ANC	1	1				SPECIFY)			DA	TE 3-15	05
		SIGNATURE	1	/	0-		M.	D. ASS	istant	_MEDICAL	EXAMINER	SIG	SNED 3-13	-85
-		EXAMINERS	NAME Ann	M. Dixon	M.D.				111 Per	nn St.	. Bal	to. M	ld. 212	01
	22- 0	(TYPE OR PRIN	41)					NDDKE33_						
	230.B	PECIFY	ION, REMOVAL	. 10 00	23C. N	AME OF CEA	1	CREMAIC	JRY	23d LOCAT	Mr/	C	NA A	STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	-
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	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 ha
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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		REGISTRAR				CERTIF	ICATE OF DE	AIN	REG	5. NO.			
		EASED NAME	FIRST	٨	AIDDLE	L	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
	TAME	OR PRINT)	MAE			GORDO	N		March 2	0 198	35	1 . 55	
000	3. SE2	(WAL	4. RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS LA		IF UNDER ! YEAR	IF UNDER 24 I	
	1	emale	337	Black		MONTH	3	98	86	YRS.	MONTHS DAYS	HOURS	
		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	NEVER MA	DDIED [9 BALTIMORE CI	Y OR COUNT	Y OF DEATH		
35		Md'.	U.S.			WIDOWE		ORCED [Balto.	. City			
35	10 CI	Baltimo			HOSPITAL, NURSI Ch Hosp		OR OTHER INSTIT	NOITU	120 USUAL OCCU			OF BUSINESS	
35	USU/ 13a. S	Md.	136 COUN		Balto.		13d INSIDE CIT	Y LIMITS?	Seat on	SS/ZIP COD Hill	Nursir	120 ng Hom	
		THER'S NAME	land on on	MIDDLE	LAST		15. MOTHER'S A			LE	- 0	AST	
20							Mary"				5 7 10		
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC		17 INFORMAN			DDRESS			
		ES, NO OR UNKNOWN)	1 100,010	On DATES	217-07	-811	Mary	Alsu	p 727 Di	uid Pa	ark Le	he Dr	
		18 CAUSE OF DEA	TH (Enter on	v one couse per	line for (a . 1b) a	nd Ic					APPRO	XIMATE INTERVA	
		PART I. DEATH	WAS CAUSE	BY			VITH SE	Data			oc mygg	· Older Alabora	
;		346000000000	IMMEDIAT	E CAUSE 10)	PINEOMC	MIAI	ATTU OL	POID					
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	NO.												
2	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	YES NO	IN CERT	S, WERE FIND IFYING CAUSE ES []		
	E.	21a. ACCIDENT WAS U	-	LIGHT A		NAV VEAD	21c HOW INJU	JRY OCCUR	RED (ENTER NATURE O	INJURY IN ITEM 18	PART I OR PART 2)	450	
7		OR CONTRIBUTING		in .	M. MONTH D	DAY YEAK							
1	MEDICAL	21d. INJURY OCCU		21e PLACE		19	211. LOCATION	1					
2	WE	WHILE NOT	VHILE		REET FACTORY, OFFICE.	FARM ETC)	STREET		CITY	ORIOWN	COUNTY	STAT	
		AI WORK AI W	ORK	-		Mores	1 10	Q F	Mond	h 20	95	-	
	The Lartify that (1) this haspital) tended the deceased from March 18, 19 85 to March 20, 19 85 that (1) (we) has												
4		the blue on March 20 19 85, and that in (my) our opinion death occurred on the date and hour and from the causes stated											
		27 Sylingarthing	1	-87-	-0101		DEGREE		/		22L DA	ESIGNED	
		TIAL	Win	11911	PAX/		AT	TENDING	MEDICAL DIRECTOR PH	STAFF	3/	20185	
		124 PHYSICIAN'S	IAME INTO	No.	Zur X		22e ADDRESS			- Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10	100	
1			U	1					urch Hos	-		1	
		W IM	PAGLI	ATELLI	M.D.		100 N	Bro	adway, H	Balto.	MD	21231	
	23a. 8	URIAL, CREMATION	, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION				
	1	SPECIF Buria	1	3/26	/85 G	arri	son For	teer	Cwins	27.4	1s. MA	STATE	
		INERAL DIRECTOR		0, -0		COL 1 1	2011 2 01		E REC'D. BY REGIST		TRAR'S SIGNA	TURF	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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			CEASED NAME E OR PRINT)	FIRS!		WIDDLE		LASI		OF	ESTI-	MONTH D	AY YEAR	26 HOUR	
ASE.	HOURS STREET,			Theodo		Nicholas		Sounaris	, Jr.	DEATH	MATED	3-20	19 85	M	
当ら	SIZ.	3. SE)	4. R	ACE	S DATE OF BIRTH	YEAR LAST B	RTHDAY) WO		NDER 24 HRS	PRONOUNG	CED	MONTH D	AY YEAR	2d, HOUR 11:25	
500	SZ	1	1	W	Dec. 30,	1928 5	5 YRS.	DATS HO	OKS MIN.	DEAD	CLO	3-20	19.85	D. M	
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2000年	9 7/	10. C	TY OR TOWN OF E	DEATH		PITAL, NURSING H		HER INSTITUTION	1 12a U	SUAL OCCUP	ATION (TYPE		126 KIND OF BUSINESS		
PAG	2/9		Baltimor	0 /		cility, give street addr amaritan		al	Ve	e most of work terinal	rian		OR INDUSTI	RY	
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120 N.V.	100 M	III. S	TATE	US COUNT		13c. CITY OR TOV		13d. INSIDE CITY LI	MITS? 13e ST	REET ADDRES	S	n a	2123	20	
2 4 4	學	77.5	Md.	Ватт	imore								212.	9	
M H-W	OF 121	4. F/	THER'S NAME		WIDDLE	LAST		15. MOTHER'S FIRST		VE WIC	DOLE		LAST		
DEA OFEN	381				as Gouna			3	tle						
PA PA	SS h	6a. V	VAS DECE ASED EV	(IF YES, GIVE W	VAR OR DATES)	16b. SOCIAL SEC		17. INFORMAN			ADDRESS	D	D 1	20	
ALT H	NSK /		No	-		220 24	7603	Scott	N. Gou	naris	1310	Brixto	n Ka.	-39	
_ 5∞≥	3/		18 CAUSE OF DE	ATH (Enter anly	ane cause per line	far (a), (b), and (c).)						APPROXIMATE	INTERVAL	
PRESTON ST ITHIN 24 HOU CIL IN ITEM 1 VER ALONG	PERMIT SIENE, /AL.		PARTIDEATH	WAS CAUSED	BY: F CAUSE (a). Ar	terioscle	rotic	Cardiova	scular	Diseas	se		DETWEEN ONSE	AND DEATH	
A10	ANSIT PER AL HYGIE REMOVA			DIGHEDIAN		AS A CONSEQUEN					.,				
VITHIN VCIL IN			f any, which												
W.W.	AL-TRANS MENTAL H N, OR REM	90		ing the under-	(b)	AS A CONSEQUEN	ICE OF	14.5.500							
- DAA	N. WE		lying cause to	ist.		10110011020021						100			
S. S.	NDA	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc.												
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RECO TO BE MEDI	A SES	110	19a. DATE OF OPE	PATION	TIBL CONDU	TION FOR WHICH C	DEPATION	WAS DEBEORNED	2			1.			
SHOULD ORD "PE CHIEF A	A F H	2	THE DATE OF OR		178 CONDI	TION TOR WHICH C	PERATION	WAS PERFORMED	*			12	0 AUTOPSY?	100	
SHO ORD	353	RTI	210. EXTERNAL C	ALICE VALAC	101 7015 01		To a						YES XX	NO 🗌	
NOF ICATE THE W	라 하는	CE	UNDERLYING	-This	11b. TIME OF HOUR A.M	MONTH DAY	EAR 21c.	HOW INJURY OC	CURRED (ENTE	R NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2)			
NO FEE	5 8 8 7	CA	CONTRIBUTING [CAUSE OF D											
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL	PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO BURIAL, CI	MEDICAL CERTIFICATION	21d INJURY OCC		21e PLACE C	OF INJURY (AT HOATORY, FARM, ETC.)	E. 21f. L	OCATION STREET		CITY OR TOW	in .	COUNTY		STATE	
	STATE STATE 7, 21201	4	AT WORK	WORK			4			CIT. ON TOW		COUNT		JIAIL	
	STA S, 21				of the semains doe	cribed abave, held		psy XX Ins		H-RIII					
	L DIRECTOR: F H, WITH THE SI MARYLAND, S		14/5/24		[V				pectian,	Inquiry		in my apinia	n		
AMI SE	WITH I		death resulted	Natura	al causes	Accident ,	Suicide L	, Hamicide		etermined mar	nner [],				
EXA CERTION BOULD B	5,₹		ACTUAL /	h	in CHA.	Sh mi	+	TITLE (SPECI				DATE	3-21-	-05	
3 = 3	A F BY Z	,	SIGNATURE	elle	X	Joseph	70	M.D. ASSIST	arr ME	DICAL EXAM	NER	SIGNED_	2-21	-00	
CTED.	N A A A		EXAMINER'S NAM	AE Donr	oic F Sm	yth, M.D.		11	l Penn	C+ 1	Palto	БМ	2120	1	
XEC ▼	TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY		(TYPE OR PRINT)					_ADDKE33			barto.	, Mu.	2120.	1	
<u>⊨</u>	- < @	73a. BI	JRIAL, CREMATION Burial	N, REMOVAL 23		23c. NAME OF	CEMETERY VA	or CREMATORY lley Mem.	Gdn Sil	OCATION Y OR TOWN		COUNTY	ST	ATE	
07/84 BP					3/25/85	Dular	ley va				ium, M				
DHMH	1 - 17		INERAL DIRECTOR		ADDRESS			A	DATE REC'D. B	Y REGISTRAR	0		IATURE		
(VR A15	ME (5))		MITCHELL-	WIEDEF	ELD HOME,	INC. 65	00 Yo	k Rd.	MAR 26	1985	Jishia Da	vidson-1	fandelle.		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar other traumatic event, the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

DHMH - 16 60M 7/B4

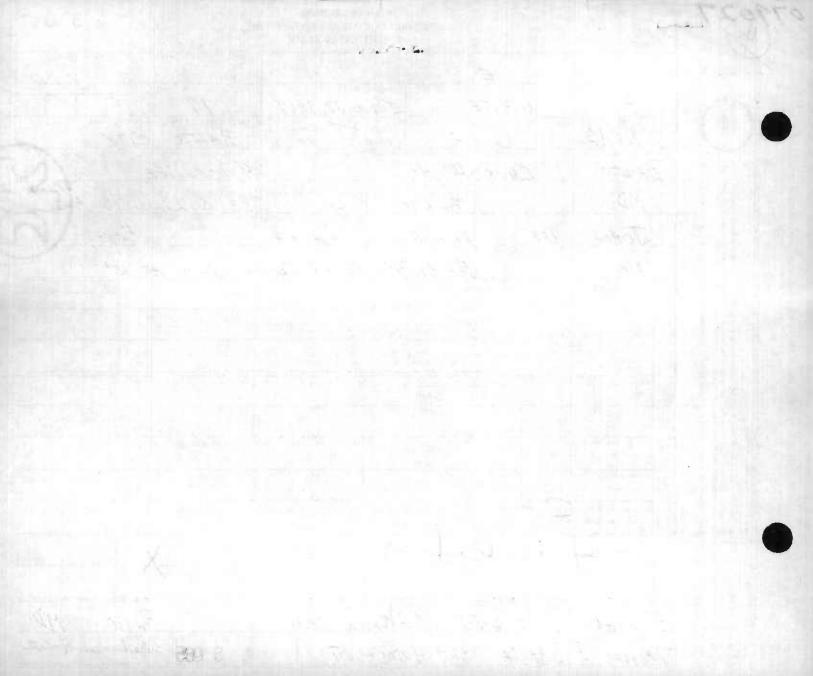
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etained by the hospital or ottending physician

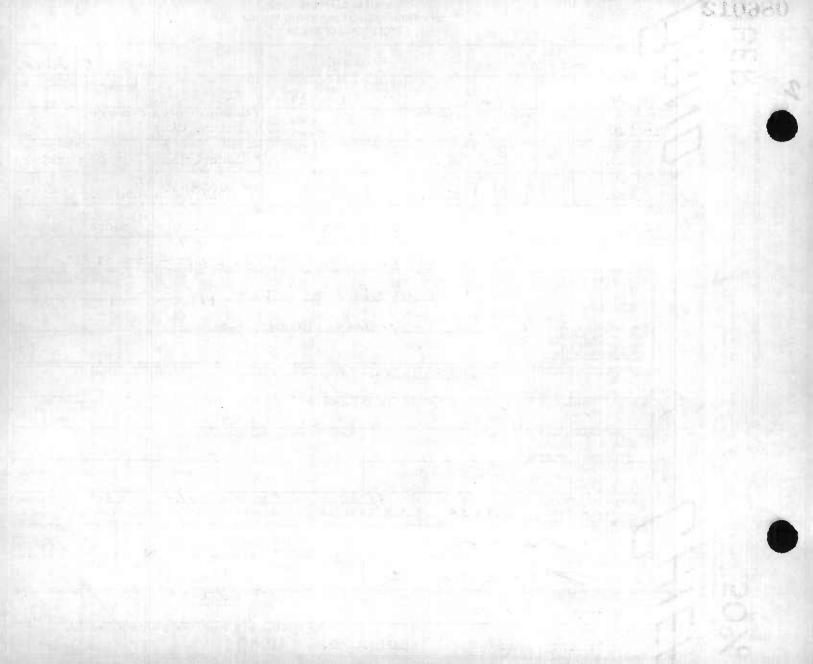
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

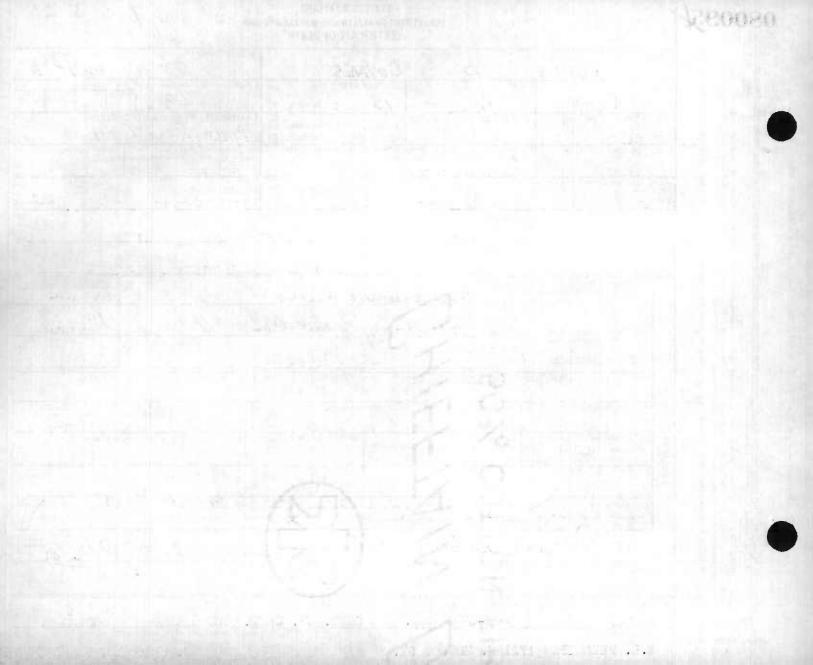
1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	Н	REG. NO	0.	
	DECEASED NAME FIRST	WIDDLE	i.	ASI	20	DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
1	CLYDA	E.	GOWER		l N	March 12	1985	1:16PM
3. 5	SEX	4. RACE	5 DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	+	WHITE	JUN	E 28, 190	07	77	YRS	
7a.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIE	FD - 9	BALTIMORE CITY O	R COUNTY OF DEAT	Н
	WA.	U.S.A.	WIDOWE			BALTO	· CITY	MD.
10.	CITY OR TOWN OF DEATH		., NURSING HOME (OR OTHER INSTITUTIO	ON 12	a. USUAL OCCUPATI		ND OF BUSINESS OR
1	BALTO.	CHURCH	HOSD.			40USEW		
	STATE D. 136 COU	R OTHER INSTITUTION GIVE RESIDE NTY 134 CITY	OR TOWN	136 INSIDE CITY LIM		STREET ADDRESS	ZIP CODE	2122X AVE
14	FATHER'S NAME	WIDDIE	LAST //	15 MOTHER'S MAID	DEN NAME	MIDDLE	*	TAST
	JOHN U). SPAI	eks	LAUL	CA		BAYE	
160		MED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	d	ADDRE	SS	
L	No	162	-01-8458	CLARK 6	OWE	R SAME	15 13E	
Г	18 CAUSE OF DEATH (Enter of	nly one cause per line for it	a), (b), and (c)				BET	PPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D) CARE	OIOPULMOI	NARY ARRI	EST			
		DUE TO, OR AS A CO	ONSEQUENCE OF					
	Conditions, if any, which gove rise to immediate	(b) ACUT	E MYOCAL	RDIAL INI	FARCI	CION		
	couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF					
	underlying cause lost	107		ASTHMA				
Z	PART 2. OTHER SIGNIFICANT	conditions <u>contribut</u>	fing to death but	NOT RELATED TO TH	HE TERMINA	al disease or con	DITION GIVEN IN PA	RT 110
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	
1 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY (OCCURRED		RY IN ITEM 18 PARE 1 OR PA	RT 2)
		AIR	NTH DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION		CITY OR TO	OWN COUN	TY STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE FARM ETC)	31.00		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	22a I certify that (1) (this hasp	ito ottended the decease	ed from March	1 7, 19.		to March		35 that (I) (we) last
	sow the deceased alive or above, (I (we) (did)(did no	March 12	19_85, 0	nd that in (my)(our)	pinion dec	oth accurred on the d	ate and hour and from	n the couses stated
	77h SHONATURE	1 0	0	DEGREE				DATE SIGNED
	Lessen		the same	ATTENE PHYSIC		MEDICAL STA		
	224 PHYSICIAN'S NAME (1998)	OR PRIN I		22e ADDRESS	CHU	JRCH HOSE	PTAL	
	M. LUHAR	M.D.		100 N. F		lway Ba		21231
23	BURIAL, CREMATION, REMOVAL		231. NAME OF C	EMETERY OR CREMA		23d LOCATION	7) COUNTY	Mila
1	BURIAL	3-16-85	OHKLA	UN CEM	7.		DALIO	MP.
24	FUNERAL DIRECTOR	/ 1 cm	ADDRES!	1-	250. DATE R	EC'D. BY REGISTRAR	256. REGISTRARIE SIG	MATURE Ander
	140400 1. 1	ARDA XX2	7 HUDSON	1.5/	A/A	R 15 145	I Man to anota	W



086012	1	FOR STATE REGISTRAR	DEP	GIEND 5 0	7 5 8 1						
		CEASED NAME FIRST	MIDDLE REE	GOW	=V	REG. NO. 20. DATE OF DEATH MONTH	0AY YEAR 26 HOUF				
4 moy be or, page	3. St	×	4 RACE	5. DATE OF BIR	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MUNDER LYEAR IF UNDER 2	R 24 HRS			
oge crs crs		M	brite	7	1 13	Y					
nerol di n 72 ho	7	HRTHPLACE ISTATE OR FOREIGN COUNTRY) irginia	76 CITIZEN OF WHAT COUN	MARRIED X	NEVER MARRIED DIVORCED	Balto. City					
by the fu	10 0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIF ELECTRICIAN									
filled in round be	13a	STATE Md.	OR OTHER INSTITUTION, GIVE RESIDENCE 136 CITY OR Balto	TOWN 13d. I	NSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 2217 Vailt	oote norn Rd. 21	122			
ompletely ond 2 st	IIA F	John John	F. (AS		OTHER'S MAIDEN NA Mattie	L.	Reese				
Poges			GIVE WAR OR DATES)		Ms. Georgi	a J. Taylor - S	Same as #13				
quires that the dec signed by the atte hen please remove to bural, cremation njury, ar ather trour	Z	Conditions, if any, which gave rise to immediate couse (a), storing the underlying cause lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS (c) (CONDITIONS CONTRIBUTING			MINAL DISEASE OR CONDITION	I GIVEN IN PART 1 (a)				
The low reion. I hos been it permit. It permit.	CERTIFICATION	190 DATE OF OPERATION	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES \(\text{ NO } \)	TH?							
ICIAN: T g physici entificate ial-transi ntal Hygi em 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH	H DAY YEAR	10W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	a 18 PART I OR PART 2)				
offending ter this of the burner of the burn	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, O		STREET	CITY OR TOWN	COUNTY 51	STATE			
TENDING ATTENDING OF THE HOSPITOL OF THE HOSPITOL OF THE HOSPITOL OF HOSPITOL		sow the deceased alive	pital) attended the deceased from 300 pital) attended the deceased from 500 pital attended to the bady after death.	2-1-	EE ATTENDING	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	19_8=, that W (w hour and from the causes sta 22c. DATE SIGNED 3/19/95				
O HOSPITA O FUNERA O FUNERA THINKS STORY		220. PHYSICIAN'S NAME (TYPI	ORPRINES		ADDRESS	_ Saccion _ Filiaciana	1,7				
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	3/20/85	23c NAME OF CEMET	RY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY ST	TATE			
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy	Board	Balto.,		R 2 1 1985	GISTRAR'S SIGNATURE	12			



080095	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND 5 0 7 5 8 2 CERTIFICATE OF DEATH									
		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	LAST LAST	REG. NO.	DAY YEAR 26 HOUR						
2	,,,,,,	LOTTIL		GOYNES	03.	-16-85/23P						
B	3. SE	K FEMALE	A. RACE BLACK	DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 241 MONTHS DAYS HOURS A						
leath. Property one at once.		RTHPLACE STATE OR FOREIGN COUNTRY	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NIDOWED DIVORCED	BAUTI WORLD							
ied with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI		120. USUAL OCCUPATION	126. KIND OF BUSINESS INDUSTRY						
5 QE	B/	ALTIMORE	NORTH CHARLES G	ENERAL	RETTRED							
filled ould b		RYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD JUNTY 130. CITY OR TOWN BALTTMORE.	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	XINGTON ST 212						
outhir etely 12 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST						
ond le cond		JAMES	BROWN	FLORENC		HTT.T.						
d co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURI		ADDRESS							
on ond ond on one one				MINNIE MOOF	RE MIDDLESEX I	VIRCINIA						
physicio on popers. emovol.		PART I, DEATH WAS CAUS	only one couse per line for (0), (b), and (SED BY: ATE CAUSE (a) LESPINA	very facure		BETWEEN ONSET AND DE						
nding corbo corbo notice		,,,,,,,	DUE TO, OR AS A CONSEQUEN			111						
e atendin move corb nation, or troumotic		Conditions, if any, which	(b) Netarty	Mc 19 Cart Co	~	12 years						
by the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	CE OF								
signed I hen plea to burial	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART TO						
law re sa been ermit. Te prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO						
SKIAN: The ng physicio certificate I viol-transit tental Hygie them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	M 18 PART I OR PART 7)						
this this ad w	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	211. LOCATION	CITY OR TOWN	COUNTY STAT						
or after see of the colth or after see of the colth or morke			otal) attended the deceased from	3/ 19 80	10 Marce 16	1985 , that (f) (we)						
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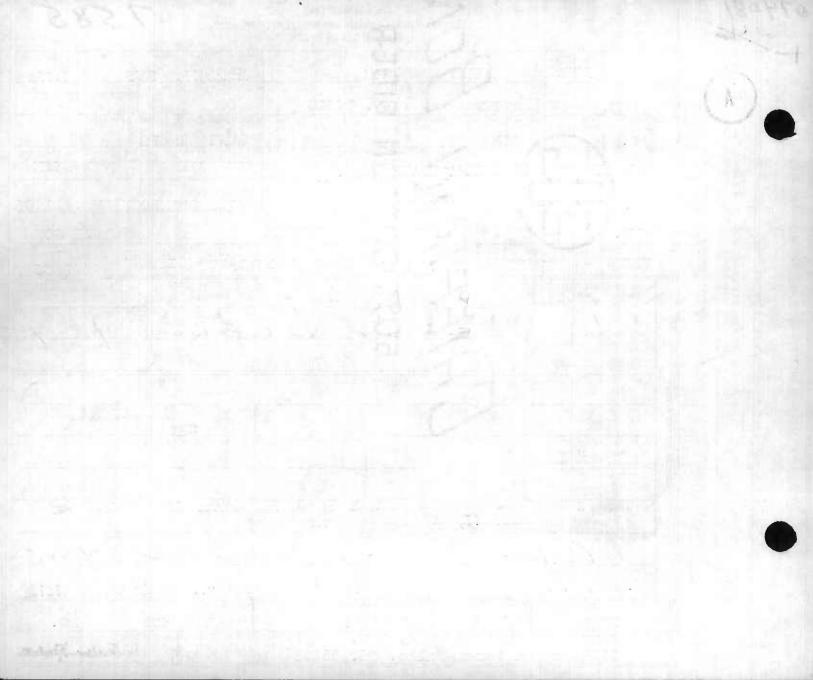
97903	4		STATE OF MARYLAND
,,,,		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIEN?
-	L	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
As.		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
à (84A)	2.00	NOCH	CAFTON 03-13-95 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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6 6	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
	5	IN DATE OF OFERATION	IN CERTIFYING CAUSES OF DEATH?
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SiCL/ ng p centri prioli- ento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19
phys endin this c be build d or b	8	216. INJURY OCCURRED	216 PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE
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_ = _ + o T		ashah	PHYSICIAN DIRECTOR PHYSICIAN
SeE	1	224. PHYSICIAN'S NAME (TYPE OR PRI	RINT) 22e ADDRESS
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	24. F	UNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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(VRA 15, 4)	1/	IKUWUI/NOMU	SON F.H. 1913 W. 13/1/10, DYAK 15 1005 1"

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4		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENP 5 0 7585 - STATE REGISTRAR CERTIFICATE OF DEATH REG, NO.											5		
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SPITAL OF the VERAL D be detoc			27d. PHYSICIAN'S NAME	E (TYPE OR	PRINT)		2		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIA	NO	3/1	7/55		
TO HOSPITAL retained by to TO FUNERAL should be de with the State IMPORTANT:	4	23c P	A.AMIN, M.		236. DATE		122c N14	ME OF C	3900 Loch R			ltimo	re, MD	21218		
BP		(BURIAL		3/14/		0.	AK L	AWN	BAL	TIMO	RE		MD . STATE		
DHMH - 16 60M 7/8 (VRA 15, 4)	34	24 FL	INERAL DISCRIMU NAME 3331 F						C. 250 DA	MAR 13				- Aandell		



FOR STATE REGISTRAR

1. DECEASED NAME

FIRST

Dora

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

LAST

Green

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1985

26 HOUR

2:50

REG. NO

20. DATE OF DEATH

March 24

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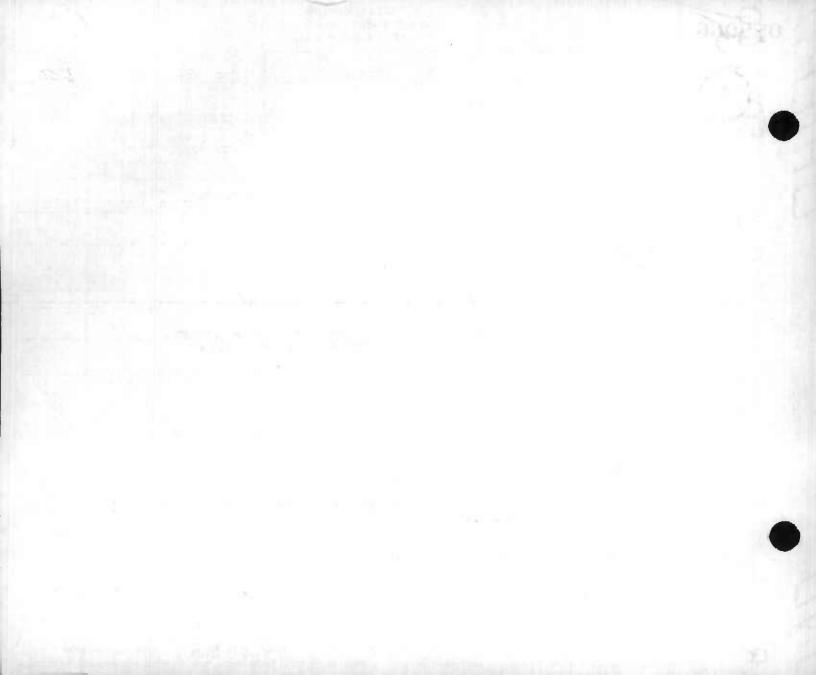
IMPORTANT; If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DESCRIPTION OF ALLENS	retoined by the hospital	TO FUNERAL DIRECTOR:
	BP.	_

DHMH - 16 50M 4/83 (VRA 15, 4)

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20		altimore	3422 R							#E) INDUSTR'	/		
35	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 3422 Roy			21215		
	14. F.A	ATHER'S NAME				15. MOTHER'S	MAIDEN NA	ME					
3		James	MIDDLE	Young		M	ittie	WIDDLE	Gee	Youn	AST .		
100		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMA		ADDR			9		
1	(YES, NO OR UNKNOWN) (1E YES, GI	IVE WAR OR DATES)	217-30	3815	Anni	e Gill	3422 Roy	ce A				
-		18 CAUSE OF DEATH (Enter o	nly one couse per l	line for 101, 1b1, one	dici.)					APPRO BETWEE	NONSET AND DE	Aì EATH	
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	EXPOIDE	ESP11	CATORY	HAR	081					
			DUE TO, OR	AS A CONSEQUE	NCE OF								
		Conditions, if ony, which	(b)	PENOCK	cine,	mk of	THE C	THE FILEK	4				
		couse (a), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF	THSTAS	15 10 /	THE LIVER					
			(c)										
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	NDITION GI	VEN IN PART	110		
	ATIO	19a DATE OF OPERATION	19h CONDIT	ION FOR WHICH	OPERATION	N WAS PERFO	RMED	20a: AUTOPSY?	20b. IF YE	S, WERE FINDINGS USED			
9	CERTIFICATION		IN CERTIFY								YING CAUSES OF DEATH?		
Gi	A.	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		INJURY A. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)					
7	EDICAL	(# EITHER, NOTIFY MEDICAL EXAMINE	AIR		19								
1	WEDI	21d INJURY OCCURRED	21e. PLACE C		RY 211 LOCATION DRY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUL						STA	3.5	
		AT WORK AT WORK					-	1 1 1 1 1 1 1	7 4.	A			
		220. F certify that (1) (this hosp	oitol) ottended the	deceosed from_	-				4		, that (I) (we		
		saw the deceased alive or above, (1) (we) (did) (did n	ot) view the body of	ofter death.			(our) opinion	death occurred on the o	lote and ho			ed .	
		226 SIGNATURE				DEGREE	TTENDING	MEDICAL STA	EE	72c. DAT	E SIGNED		
		Im Jum	amy		m.	D	PHYSICIAN (DIRECTOR PHYSI	CIAN				
		22d PHYSICIAN'S MAME (TYPE	OR PRINT)			22e. ADDRES	S						
L		L.M.Jum	Aproy.	M. D.		100	N. BRH	ROWAY, BE	LN	mo ;	11231		
	23a E	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c h	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STA	TE	
		Burial	3/27/	'85 Ce	edar	Hill	Cem.	Balt	imore		MD)	
J	24 FI	UNERAL DIRECTOR		ADDRESS		7		E REC'D. BY REGISTRAF	256 REGIS	TRAR'S SIGNA	TURE		
	M	Mm. C. March	F/H 13	101 E.	North	a Ave.	MA	IR 26 1985	groba &	Davidson-	Managar		



should be detached for use as the burtal-transit permit. Then please remaye carbanpape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal

injury, or other traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

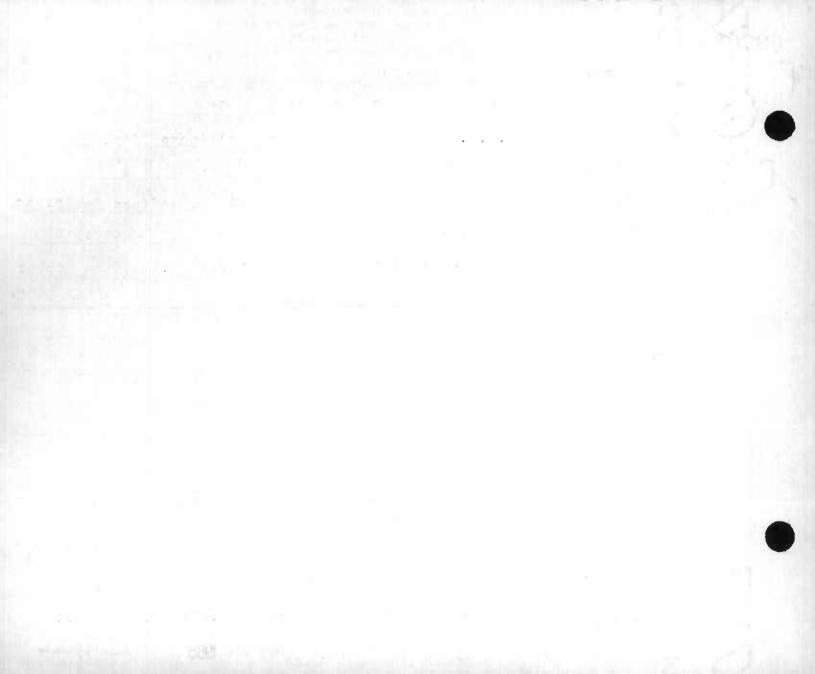
1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

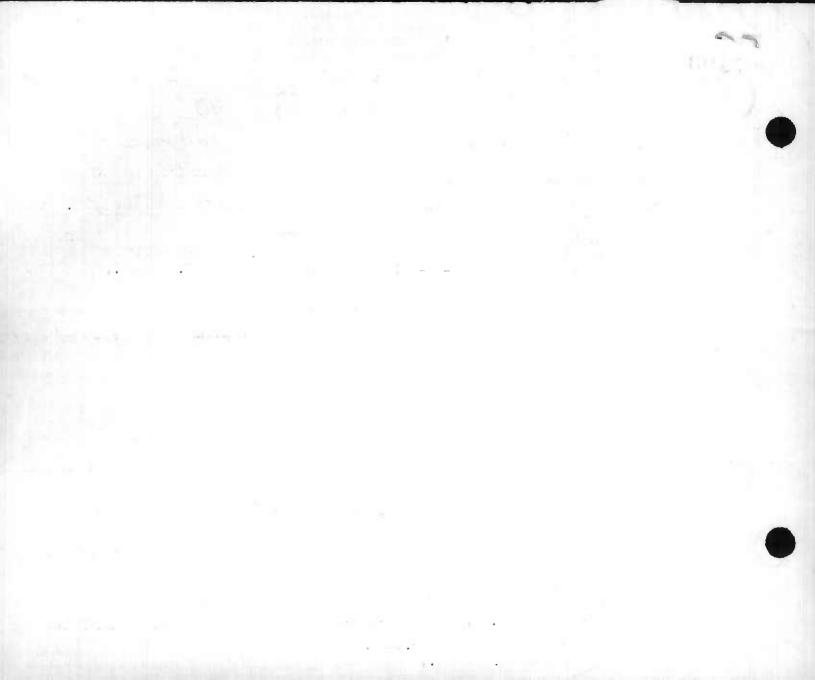
1		REGISTRAR				CERTIF	ICATE OF D	EAIH	REC	S. NO.				
1	1. DEC	CEASED NAME	FIRST		MIDDLE	į.	AST		20. DATE OF DEAT	HINOM H	OAY	YEAR	26 HO	UR
	TYPE	Earl			Gr	reen				3	27	85		AA
d	3. SEX			4. RACE		5. DATE C	F BIRTH		6. AGE IN YEARS LAS	T BIRTHDAY)	IF UNDI	ERIYEAR	IF UNDE	R 24 HRS
	. 02	Male		Bla	ck	MONTH 3		2 9	56	YR	MONTHS	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER N	APPIED T	9. BALTIMORE CIT	Y OR COU	NTY OF DI	ATH		
5	Ma	aryland		U.S.		WIDOWE	D DIV	ORCED X	Baltin					MD.
		ry or town of DEA Baltimore		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2046 Hoffman Street								. KIND OI DUSTRY	F BUSIN	ESS OR
5	13a S		136 COUN	Baltimore YES X NO□ 2046 E. Hoffm								St	. 2	1213
0	14. FA	John		MIDOLE	reen			MAIDEN NA/	ME	LE.	R	idge		
	16a W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMA	NT	AC	DRESS				
	N	VAS DECEASED EVER	(IF YES, GA	E WAR OR DATEST	220-18-	7132	Louis	e Bra	nch 2046	E.	Hoff	man	St	reet
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	r line for (a), (b), as	nd d			4			APPROXI	MATE INT	ERVAL
		PART I. DEATH W		IE CAUSE (a)		Uar	enes	MA	July			Sep	11	984
		7 10		DUE TO, O	R AS A CONSEOU	ENCE OF			0			- /		(
1		Conditions, if any,		(lp)—							-			
1		couse (a), statir underlying cause	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF								
		PART 2. OTHER SIGN		(o)	ONTRIBUTING TO	DEATH BUT	NOT BELATED	TO THE TERM	UNIAL DISEASE OR	CALIDITION	CIVEN IN	DART 1		
	NO	PART 2. OTHER SIGI	NIFICANT	-ONDITIONS C	ON I RIBUTING TO	DEATH BUT	NOT KELATED	TO THE TERM	IIINAL DISEASE OR C	NOITIONO.	GIVEN IN	PARI IIO		
7	MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CE	YES, WER RTIFYING YES []			ATH?
	CERI	21a. ACCIDENT WAS UNI		216. TIME C	OF INJURY .M. MONTH D	AV VEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I O	R PART 2)		
	AL	OR CONTRIBUTING		AIM	.M. MONTH D	19	1000							
-	EDIC	216 INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARA FIC \	211. LOCATIO	N	CHY	ORTOWN	CC	VINUC	/	STATE
	2	AT WORK AT WO	HILE	TAT HOME ST	RELI, FACTORT, OFFICE,		1.1	ac V		0		26		
		22a. I certify that (1)		(10 -	ne deceased from	7	DOUR	, 19 8		Le No	. 19		,	(we) lost
		saw the decease above, (I) (we) (c	ed alive an did) (did no	t) view the body	ofter death.) or	nd that in (my)	(our) opinion (death accurred on t	ne date and	hour and	from the d	couses s	toted
		226. SIGNATURE	11	1-1	_		DEGREE	TTENDING	MEDICAL	STAFF	7.	DATE:	SIGNED	10-
			ME	INEF		M		PHYSICIAN [DIRECTOR PH	YSICIAN [3/0	1	183
		22d. PHYSICIANTS III	V I	PRINT)			1 G	300	. North	ein -	Paul	lev	ax	/
	23a. B	Burial, CREMATION, Burial	REMOVAL	^{23b. DATE} 3 0			more C		23d LOCATION	more	cour	ity 3	18.	SEATE
	24 FL	JNERAL DIRECTOR			AODRECE				E REC'D. BY REGIST	_				641
	W	m C Marc	h F/	H 1	101 E.	North	a Ave.	MA	IR 28 198!			الماس من	ande	Chat

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

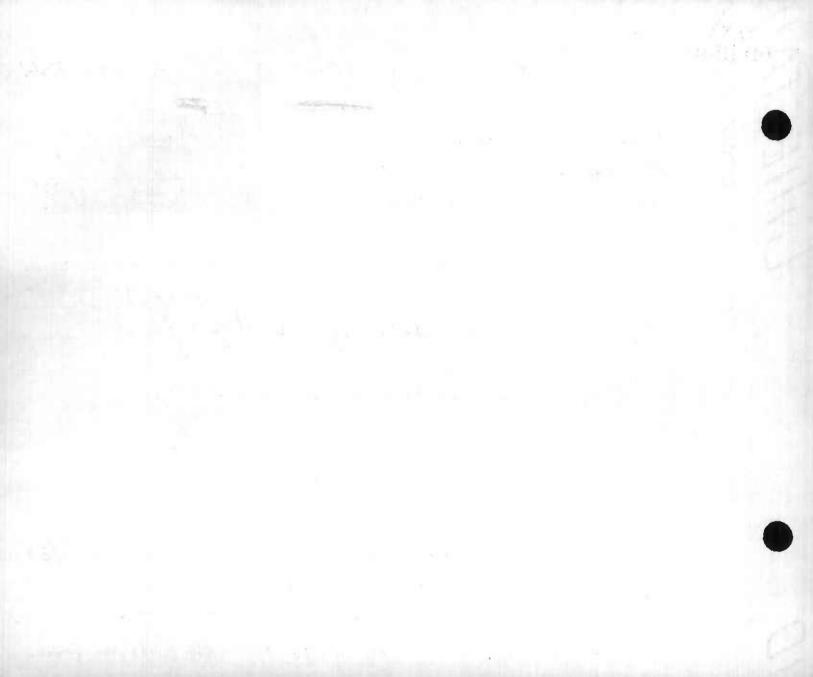
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	Ar MIDDLE	areen	2ª DATE OF DEATH MONTH	29 85 7:56Pm
3. SEX MG (e	Black	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BaltiMORE CITY OR COUNT	Y OF DEATH
10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUP Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	PE ADMISSION) VN 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS / ZIP COD 2900 W. Garr	
14 FATHER'S NAME FIRST N/A	MIDDLE LAST	15. MOTHER'S MAIDEN N/A	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU 217-18-		avis 2900 W Ga	rrison Blvd.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	c obstruct	ence of	ERMINAL DISEASE OR CONDITION GI	
OR COLUMNIC CALLE OF DE	HOUR A.M. MONTH D	YEAR 19		ES NO
UN ETHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	FARM ETC.)	CITY OR TOWN	COUNTY STATE
sow 114 deceased alive on above /(1) (we) (did) (did no 22b. SIONATURE	atol) ottended the decessed from 19-19-19 College Grant (September 19-19-19-19-19-19-19-19-19-19-19-19-19-1		ion death accurred on the date and ha	to that (II (we) lost our and from the couses stated 3/29/85
230 BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATOR Sarrison Forest		1 s, Md.
24 FUNERAL DIRECTOR Wm C March F/F	I Inc. 1101 E		PR 1 - 1985 Fisher	STRAR'S SIGNATURE Davidson-Randone

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Should be detached for use with the State Dept. of Heo

MPORTANT



078154

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

CHINTRY

NKNOWA

UNKXINA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

23 DATE

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	3 / 0
EASED NAME LAW	Rence C. Greeniës	3-3	AY YEAR 26. HOUR M HEUNDER 1 YEAR 1# UNDER 24 HRS
nale	Col 3- 7-19	r/ 74 yrs.	ONTHS DAYS HOURS MIN.
DAYY/And	. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	DI DAllimon	OF DEATH MD. 1/26 KIND OF BUSINESS OR
Altimore	1223 N. Finund A	TYPEO WORK FOR MOST OF WAR WHILLIEFE	
RESIDENCE (# NURSING HOME OR O' TATE 136 COUNT		15? 13. STREET, ADDRESS / ZIP CODE	word Are
THER'S NAME FIRST MI VIELUMA	DOLE IAST 15. MOTHER'S MAIDE FIRST LINKS WALL	N NAME MIDDLE	LAST
AS DECEASED EVER IN U.S. ARM		ADDRESS	21202 PEDESCRIPTION APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate couse (0), storing the underlying couse last.		lises .	3 muths 2 month
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(o)
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO
2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	CCURRED (ENTER NATURE OF INJURY IN TIEM 18 P.	ART T OR PART 2)
WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOC ATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that (I) (this heapira saw the deceased alive on above, (I) (we) (did) (did not)	1/22 19 85 and that in (my) (aux) or	to 3/5/85 to 3/5/85 on the date and hour	ond from the couses stated
226 SIGNATURE Clan B	Cohen MD ATTENDI	ING MEDICAL STAFF	3/6/85
A law	3. Cohen 201E	Bult. md	21218

250. DATE REC'D. BY REGISTRAR SS REGISTRAR'S SIGNATURE

within filled in by the fi hould be filed with 2 she pup carbon papers. please Mental Hygiene prior urial-transit per FUNERAL DIRECTOR: be detached for e State Dept. of MPORTANT: th the S 0 BP.

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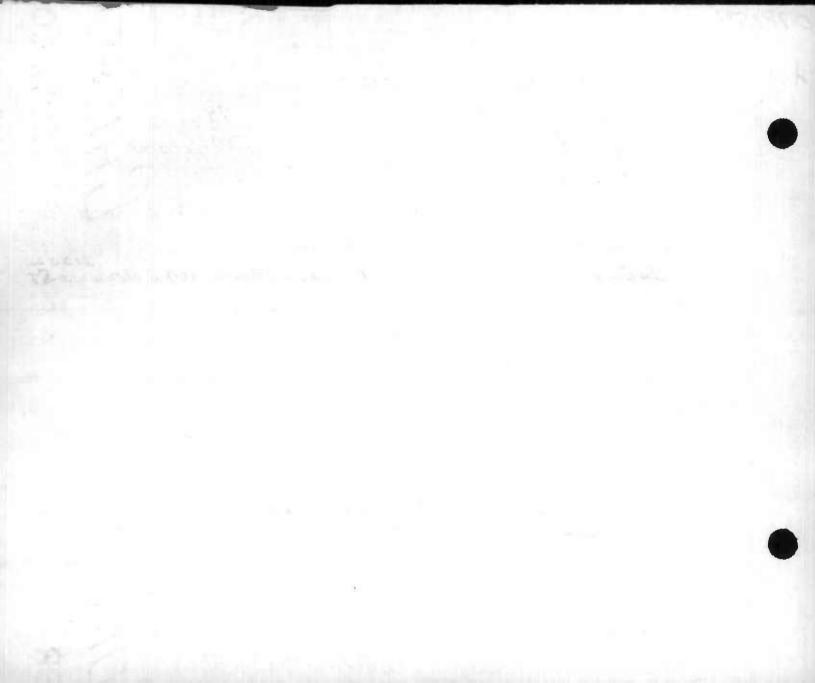
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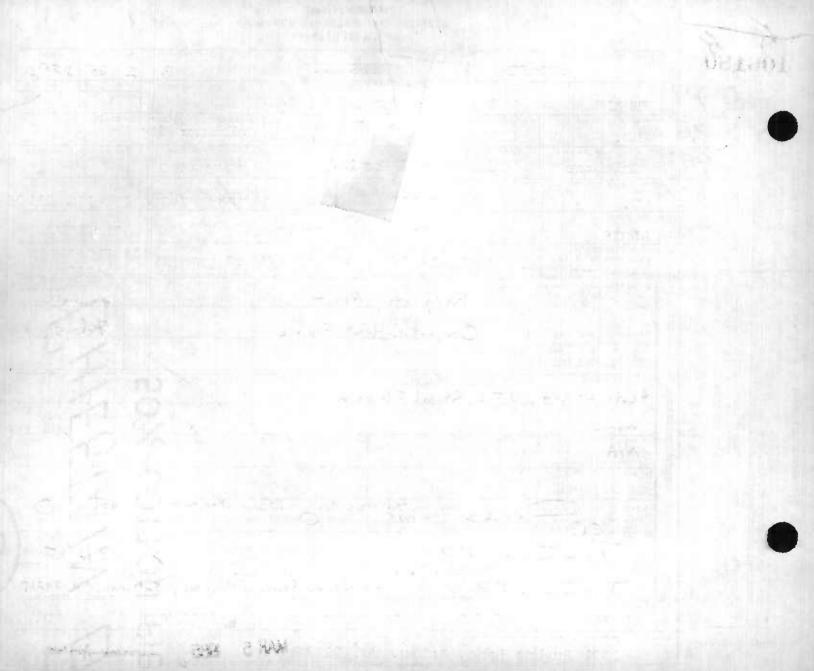
CERTIFICATION

MEDICAL

DHMH - 16 50M 4/83

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 70 DATE OF DEATH I. DECEASED NAME FIRST LAST MONTH (TYPE OR PRINT) Raymond 02 Gregory 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH MALE BLACK 76 To. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY NORTH CAROLINA USA BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE MERCY HOSPITAL RETTRED JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND. BALTIMORE 1841 KAVANAUGH STREET YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIDDLE MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Pages puo (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO JEANETTE BANFIELD 1841 KAVANAUGH adod 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Pulmonary Embelism IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? YES IN NOT 6 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) Hy 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOT WHILE I WORK 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased glive on 02/28 above, the (see) (did and view the body after death 02/28 19 85 apinian death accurred on the date and hour and from the causes stated and that in (my DIRECT 22h. SIGNATURE DEGREE ATTENDING MEDICAL

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

old b

PHILLIPS FUNERAL HOME

236 DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

RIIRTAT

ADDRESS 1721 N. MONROE ST

MT. CALVARY

MD

77e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN

MERCY HOSPITAL

STATE

STATE

7b HOUR

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

GREGORY

COUNTY

COUNTY

22c. DATE SIGNED

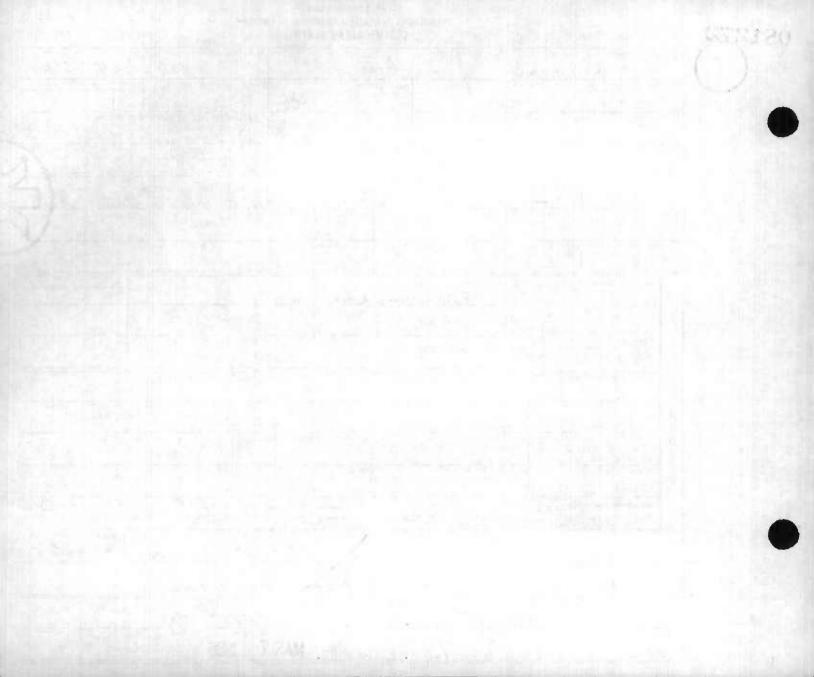
5:30 P

28/85

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IF UNDER LYFAR

INDUSTRY



STATE OF MARYLAND
FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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П		REGISTRAR				CERTIF	ICAIE UF	DEATH	REG	NO.			
		CEASED NAME	FIRST	1	MIDDLE	L.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
J	(TYPE	OR PRINT)	VIRGI	NIA	MAE	GRI	EWE _	1000		3	13	85	4:20PM
М	1 SEX	(4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN.
1	1	FEMALE		WH:	ITE	MONTH 4	1	1 ^{YEAR}	67	YRS			HOURS MIN.
4	BII	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	K NEVEL	MARRIED -	9 BALTIMORE CIT	OR COUN	TY OF D	EATH	
2	_	Virginia			5.A.	WIDOWE	D	ONORCED	Baltin				MD.
1	6.1%	TY OR TOWN OF DEA	(TH	(IF NOT IN SUC	HOSPITAL, NUF THEACILITY, GIVE ST Agnes Ho	RSING HOME C REET ADDRESS) OSPITA1	R OTHER IN	STITUTION	120 USUAL OCCUP LLYPE OF WORK FOR MO Electroni		1 121 1 W	DUSTRY	nghouse
4	USIJA LIL S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BE		13d INSIDE	CITY LIMITS?	13e STREET ADDRES	S / 7IP CO	DF		- 110000
2	Ma	aryland	1 2	timore		nsville	YES 🗌	NOX	6318 Cra			ad	21228
2	14 FA	Samue1		MIDDLE	Test	ino	15 MOTHE	R'S MAIDEN NA FIRST Bessie	MIDDI			Car	idill
Ī		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17. INFORA			DRESS	2122		
4	()	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-26	6-6805	Rich	ard W.	Grewe, Sr			igmo	nt Rd.
4		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b)	, and (c)						BETWEEN	MATE INTERVAL
		PART I. DEATH W		D BY. TE CAUSE (0)	Gron	nckop	neur	nonea					
		346101	WWW.CDW			OUENICE OF	,	1	- /	- /			
		Conditions if any	Linet.	DUE 10, O	RASIA CONSE	easent	legs	notoms	a, list	ocytic	5		
1		Conditions, if ony, gove rise to imm		(p)_	,,,,,,	1	0	//		-0			
1	-	cause (0), statin underlying couse	g the	DUE TO, O	R AS A CONSE	OUENCE OF					20		
		onderlying coose	1031.	(c)									
	7	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATI	ED TO THE TERM	AIN AL DISEASE OR C	ONDITION C	IVEN IN	PART I	0
	ō	FALLER CO.											
П	CERTIFICATION	190 DATE OF OPERA	NOI	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY2				OF DEATH?
	TIF								YES NO		YES 🗗		NO 🗌
	CE	210. ACCIDENT WAS UNE	- La	216. TIME C	M. MONTH	DAY YEAD	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 1	B PART I O	RPART 2)	
	AL	OR CONTRIBUTING (4111	M. MOINTH	19							
	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCA					Ountr	
	ME	WHILE NOT WH	INE D	(AT HOME, ST	REE1, FACTORY, OFF	ICE, FARM, ETC)	STRE	13	CITY O	RIOWN	(VINUO	STATE
		220.1 certify that (1)		to ottended at	e decented for	3/	12	10 85	3/	3	10 \$	5	that it wall-re
		sow the decease	-	2/.	mp.	0.8	nd that in (m	y) (pur) opinion	death occurred on the	dote and h	our and	from the	couses stated
d		226 SIGNATURE	0	00	-1 1		DEGREE	ATTENIONIO	MEDICAL	* * * * *	1	DATE	SIGNED _
		Tel	Lear	7 7 7	Yeller	- X	nD	PHYSICIAN [MEDICAL S	TAFF SICIAN		711	1/85
2000		22d. PHYSICIAN'S NA	HIC HIC	KEN,	mD		22e. ADDR	of ag	nes Hos	pelas	0		
		BURIAL, CREMATION,				36 NAME OF C			23d LOCATION		COU	INTY	STATE
		Burial		3/18/	85	Loudon	Park	Cemeter					Maryla
	24 FL	UNERAL DIRECTOR	6		ADDRE	212	229	250. DAT	E REC'D. BY REGISTR	AR 256 REGI	STRARS	SIGNAT	HREER.
	Hu	bbard Fune	eral I	Home, Ir	c. 4107	Wilker	ns Ave	. INIAI	1 7 0 1900	1	A.T		i

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST (TYPE OR PRINT) Beulah	MIDDLE			Te. On te Of Dentil		26. HOUR 4:15A M
3. SEX Female	1. RACE White	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN W. Vinginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED				MD
10. CITY OR TOWN OF DEATH Baltimore	I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPATION (AYPE OF WORK FOR MOST OF WORKING LIFE Waitness		of Business or aurant
Maryland 136 COU	NTY 136, CITY OR TOW	N 1	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS / ZIP CODE 1705 Patapsco		21230 to Md.
14 FATHER'S NAME Thomas	MADDLE Shreve				Kimb	le
				Griffin, Same as	Above	
	ED BY: TE CAUSE (o) Metastati	c brea	ast carcinoma	(infiltrating	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUE (b) bone, bra	east in an	carcinoma wit i liver).	h metastases to		
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	5 TX 114			
	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Beulal 3. SEX Fenale 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Vinginia 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (# NURSING HOME OF 130. STATE USUA	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Beulah 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? W. Virginia 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSIN IF HOT IN SUCH FACILITY, GWE STREET Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE BEFORM 13b. COUNTY IT. STATE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (d), stating the underlying cause (of), stating the underlying cause (ost).	REGISTRAR 1. DECEASED NAME FIRST MIDDLE LA (TYPE OR PRINT) Beulah J. GT: 3. SEX 4. RACE S. DATE OF MONTH OF DEATH SHIP NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WIDOWEL STATE USA STATE USA WIDOWEL 11. NAME OF HOSPITAL, NURSING HOME OF OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY BALLIMOTE 14. FATHER'S NAME 15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CONDITION OF COUNTY OF COUNTY OF COUNTY OR C	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Beulah 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Winginia 10. CITY OR TOWN OF DEATH Baltimore USA USA WIDOWED MARRIED NEVER MARRIED NOTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland 13. STATE USA WIDOWED MARRIED NOTHER INSTITUTION Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) 13. STATE 13. STATE 13. COUNTY 13. CITY OR TOWN Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAW 16. CITY OR TOWN 16. CITY OR TOWN 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) Metastatic breast carcinoma Ouchal Security NO. 10. CITY OR TOWN 11. INFORMANT 12. MARRIED NAW 13. NOTHER'S MAIDEN NAW 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAW 16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) Metastatic breast carcinoma with Conditions, if ony, which gove rise to immediate cause (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	REGISTRAR I. DECEASED NAME FIRST MADDLE LAST Beulah J. Griffin March 10 3. SEX Female Victe May 14, 1921 70. BIRTHPLACE (STATE OFFOREIGN DECENT MARRIED	REGISTRAR I. DECEASED NAME FIRST MODIE Beulah Griffin March 10, 1985 S. DATE OF DEATH MONITH MANIEL LAST ALST Griffin March 10, 1985 S. DATE OF DEATH MONITH MANIEL LAST ALST MARRIED ALST MARCH MARRIED ALST ALST

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (15 EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR
	21e. PLACE OF INJURY	- ''

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

NOXX

COUNTY

STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

February and that in xix (aur) apinion death occurred on the date and have and from the causes stated

Mail	Glattette	, MB
22d PHYSICIAN'S NAME	(TYPE OF PRINT)	

220.1 certify that X (this haspital) attended the deceased from,

saw the deceased alive an March 10 above, **X** (we) (did) (**XXXX** view the body after death

DEGREE

ATTENDING MEDICAL PHYSICIAN [DIRECTOR | PHYSICIAN

Gail Glotfelty, M.D.

NOT WHILE

c/o Maryland General Hospital

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

SP_17	(SPECIFIC remation	
	24 FUNERAL DIRECTOR	

22h SIGNATURE

CERTIFICATION

MEDICAL

shav

Item 18

MAPORTANT:

230 BURIAL CREMATION REMOVAL

Mar. 10, 1985 Security Process Mc ulti Funeral Jome, 130 E. Forth Ave. Balto. Md.

234 NAME OF CEMETERY OR CREMATORICA atonsville.

DHMH - 16 50M 4/83

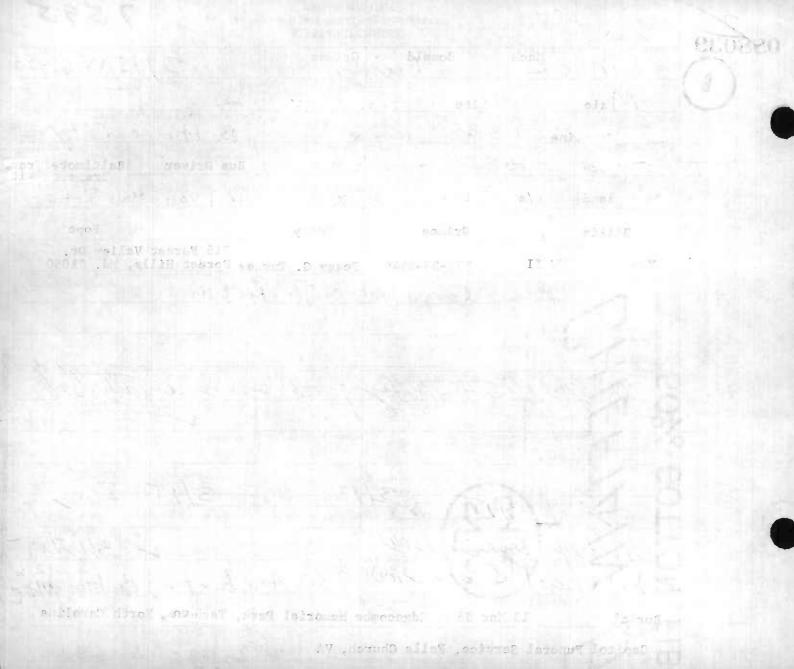
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 07595

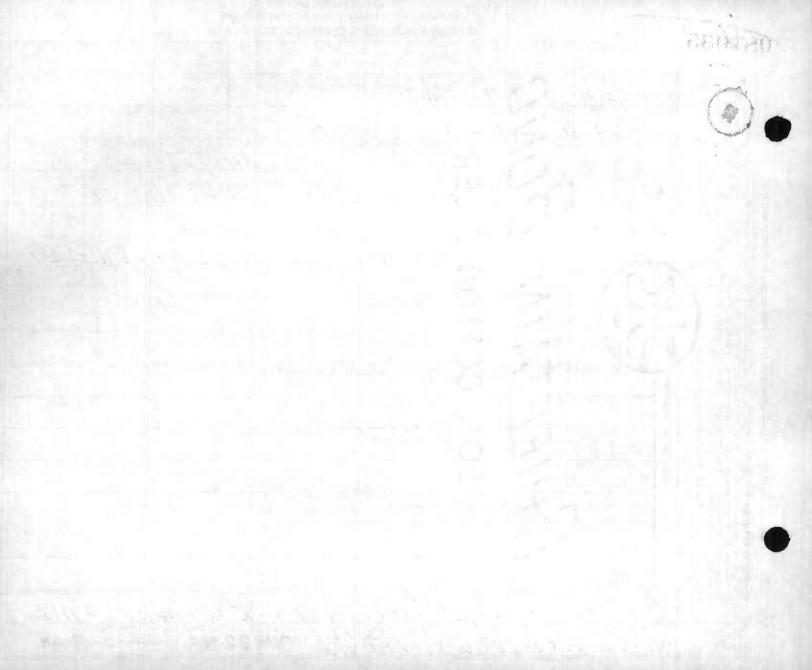
1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST MACK	lack MIDDLE Don	ald .	AST Grimes	20 DATE OF DEATH MONTH	15/85 6:45 A
1	I. SEX	Male	4. RACE W hite	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	· [- 1.1
2		orth Carolina	11. NAME OF HOSPITAL, N	WIDOWE URSING HOME C		120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
9		Baltimore	KILDS INSUCH FACILITY, GIVE	HOSPILL	G.M.D	Bus Driver	Baltimore
5	13a S	aryland r			134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	Phall Road
	14 FA	THER'S NAME FIRST Billie	MIDDLE LAS		15 MOTHER'S MAIDEN NA Peggy	WE	Pope
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	316 Forest	
	(1		LI 238-3	8-9449	Peggy G. Tu	rnes Forest Hill	s, Md. 21050
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	by one couse per line for (o), (f) BY. E CAUSE (o) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	ia of The	Rectum	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DE AIH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	196. CONDITION FOR W	inter	N WAS PERFORMED	N CER	ZOWANINGS USED YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PEFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (+) (this hospit sow the deceased alive on above, (-) (we) (did)	2/13	X	nd that in (my) (our) opinion	death occurred on the date and h	our and from the couses stated
		226. SIGNATURE MALE	Your SV	mD	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/15/85
		MI Char	Koger	SYMD	130 A	shburton;	By 1ta, mb.
	(:	URIAL, CREMATION, REMOVAL	236 DATE		EMETERY OR CREMATORY	23d LOCATION	orthir Carolinia
		Burial	18 Mar 85	Edgecom		Park, Tarboro, N	

DHMH - 16 50M 4/83 (VRA 15, 4)

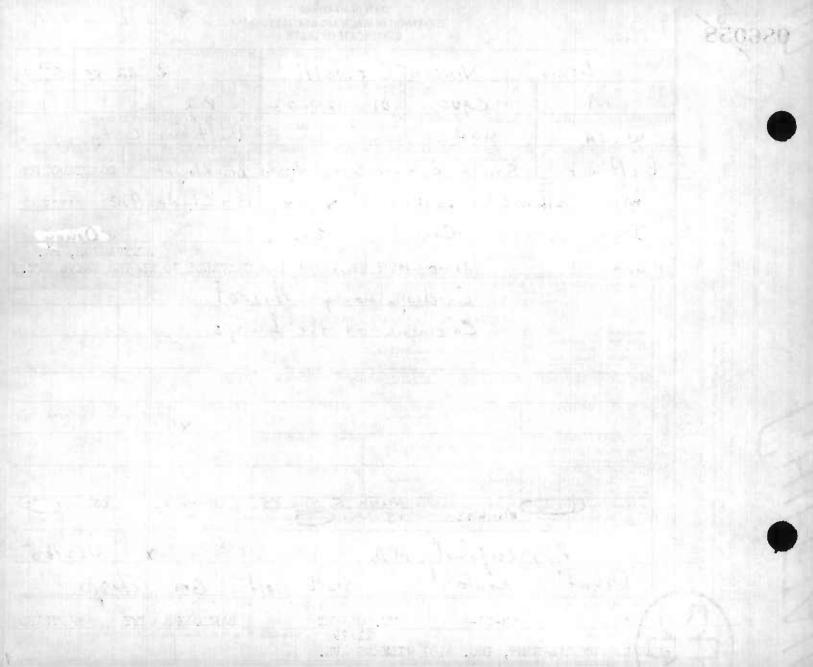
Capitol Funeral Service, Falls Church, VA



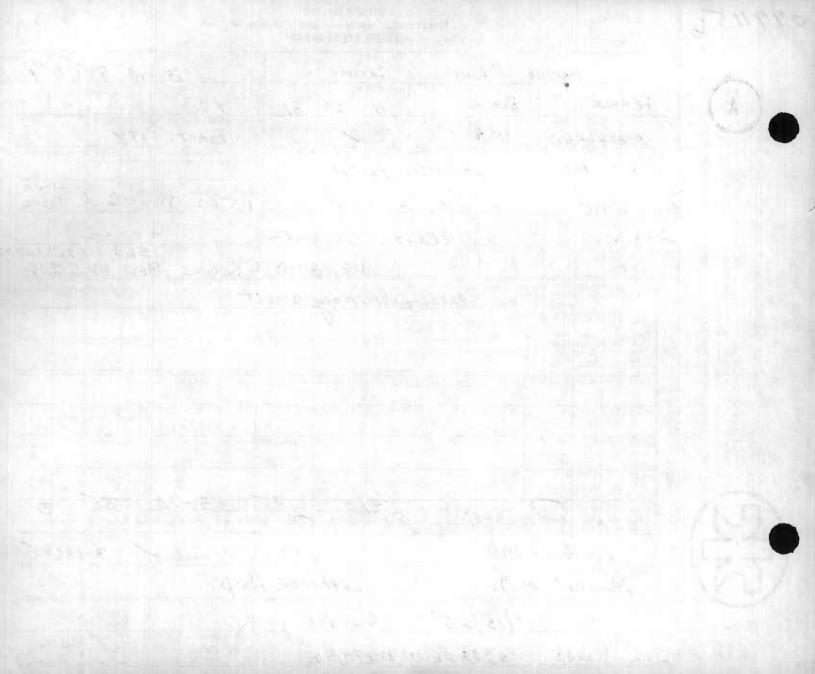
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TY MONTH 2b HOUR LITTER CHERRY OF ESTI-Charlotte Grochowski DEATH MATED 18/9 85 5. DATE OF BIRTH 4. RACE & AGE (IN YEARS | IF LINDER TYR IF UNDER 24 HRS 10:45 2r. DATE PRONOUNCED DEAD 18/1985 DM To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED A DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3406 Dillon St. Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? YES X 14 FATHER'S NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES AL-TRANSIT PERMIT, PAGES I MENTAL HYGIENE, DIVISION IYES, AO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3406 Dillow 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION DED TO THE SE USEL SE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 214. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autapsy and in my apinian Natural causes XX death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, BALLIMORE M ACTUAL DATE 3/19/85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT) 23d JOCATION 07/B4 BP 25M FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A1S ME (5))



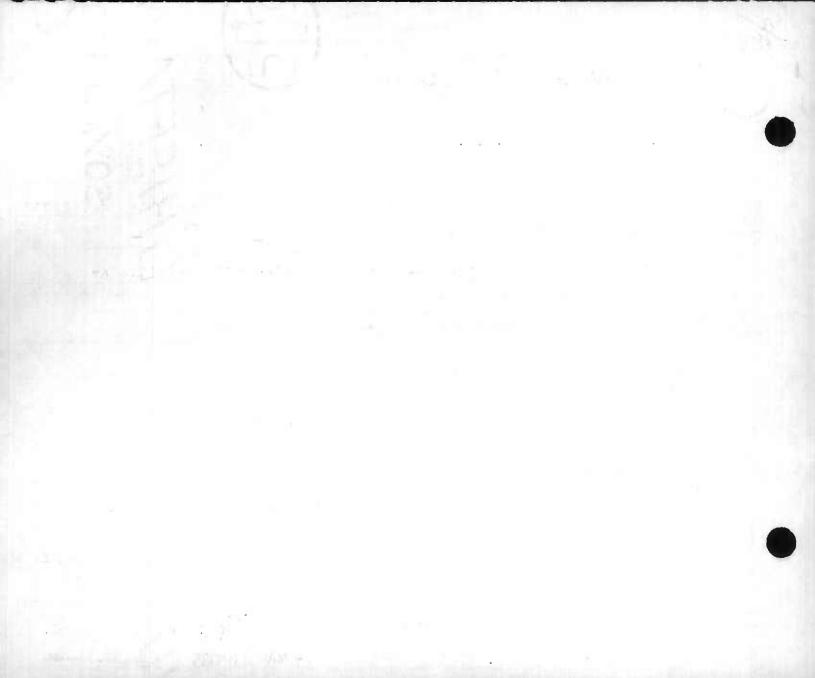
(VRA 15, 4)



1156	1-	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
ne		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	AONTH DAY YEAR 26 HOUR
-		MARTH		GROOMS		B 10 85 G
(A)	3 SEX	FEMALE	4. RACE BLACK	5. DATE OF BIRTH MONTH 11 20 81	6. AGE (IN YEARS LAST BIRTH	YRS.
1 35	Ja BI	COUNTRY MARY LAND	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		
1 to 16	10 CI	BALT MD		SING HOME OR OTHER INSTITUTION EET ADDRESS) OF SP OF SP	12a USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF	
A POPULAR AND A	17	LESIDENCE (IF MURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	ZIP CODE 212
within diff.	10.00	THER SNAME	MIDDLE 1/10AST	IS MOTHER'S MAIDEN N		RLAM! LAST
pa in a	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	S IFI A MAREL
oxe of the			E WAR OR DATES	No David	CRASS	BUT ID AIN
law requires that the same signed by the rem. Then please ren to puriol, crem s any injury, or other te	CERTIFICATION	gove rise to immediate couse lot, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT O		OUENCE OF O DEATH BUT NOT RELATED TO THE TEI CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
The cron.	T E				YES NO	YES NO
SICIAN: The physicial certificate certificate critical tronside entol Hygi ltem 18 sh	F	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	IRRED (ENTER NATURE OF INJURY	r IN ITEM TS PART I OR PART 2)
ottendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOW	N COUNTY STA
TTENDIN pital or TTOR: Af for use o of Health		sow the deceased alive on	tol) ottended the deceased from	0/1	n death occurred on the date	19_80, that (I) te and hour and from the causes state
on A Post		276. SIGNATURE Mullin	- mD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3-10-83
retained by the TO FUNERAL I should be deto with the Store I IMPORTANT. If			M.D.	270 ADDRESS wtheran	Hosp.	
BP		BURIAL, CREMATION, REMOVAL	3/15/85	in NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STA
MH - 16 50M 4/83 (VRA 15, 4)	24 FI	JNERAL DIRECTOR	9121-3L	W NORTHAUE W	AR 1 3 1985	SA REGISTRAR'S SIGNATURE



(VRA 15, 4)



	7/		OR DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE 5	000
	-		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE O	F DEATH REG. NO.	
0	85110		CRASED NAME FIRST MIDDLE LAST QURNELL GUNN	20. DATE KNOWN MONTH OF ESTI- DEATH MATED 3-1	7-8519 M
(A DESCRIPTION PLEASURED IN 72 HOUR STREET	3. SE)	A RACE S. DATE OF BIRTH ON THE DAY YEAR LAST BIRTHDAY HOURS FOUNDER LAST BIRTHDAY YEAR AND LAST BIRTHDAY WONTHS DAYS HOURS THE LAST BIRTHDAY YEAR AND LAST BIRTHDAY B	24 HRS. 2c. DATE MONTH PRONOUNCED DEAD 3-1	7-85 19 12:Q
•	S TONES		AARRIED NEVER MARRIED DIVORC	IED A	ty MD
	DBAY IS N PAGE N	B	altimore University Hospital ERESIDENCE (IF IN NUR. III ALLE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	FOR MOST OF WORKING LIFE!	OR INDUSTRY
0.21201	SHOULD SH	13a S	ATE 13 LOUNTY 13 LOUNTS? ATE 13 LOUNTY PES X NO 1	13 STREET ADDRESS Raye He	ST. 21201
ORE, M	CO CENT		THER'S NAME FIRST ADDLE ADDLE ADDLE ADDLE ADDLE ADDLE ANDLE ADDLE ADDLE AST AS DECEASED EVER IN U.S. ARMED FORCES? AS DECEASED EVER IN U.S. ARMED FORCES? ADDLE AST ADDLE ADDL	MIDDLE	rie
BALTIM	IRS AFTER MITH FOR MITH FOR PAGES DIVISION	10a. V	NA Daisy R	orie 734 W. Fay	ette ST.
ON ST.	TEM 38. ONG W ERMT.		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Sudden infant death syndrol	me	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTO	COLUNI COLU		Conditions, if any, which gove rise to immediate (b)		
201 W	EXAMI EXAMI BARI - TE ION, OF		lying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c)		
CORDS	BE EXECUTE NDING" IN AEDICAL EX AS A BURIA ACTH AND A ACTH AND A CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a	
TTAL R	HOUR HE A CHIEF A CHIEF A CHIEF A CHIEF A	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES V NO
ONOF	COLUMN TO THE PARTY OF THE PART	CAL CER	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216 HOW INJURY OCCURRE HOUR A.M. MONTH DAY YEAR 19	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR F	
DIVISI	WRITIN WRITIN WRDED ARE 3 S ATE DEP 1201 PR	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET FACTORY, FARM, ETC.) 21f. LOCATION STREET STREET	CITY OR TOWN C	OUNTY STATE
	EXAMINER: 1 CERTIFICATE, VUID BE FORV DIRECTOR: F WWITH THE ST MARYLAND, 3	4	22a. I certify that I taak charge of the remains described above, held on Autopsy XXI. Inspection death resulted from: Natural causes XXIII. Accident, Suicide, Hamicide	undetermined manner, and in my o	pinion
•	CAL EXA THE CERT SHOULD IN RAL DIRE ATH, WITH		ACTUAL SIGNATURE M.D. ASSISTA	Intredical examiner Sign	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PORGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; A AFTER DEATH, WITH THE SI: BALTIMORE, MARYLAND, 2	odo		Penn Street	
07/B4 25M	Bb	1	RIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY SUYIA 3-21-85 Cing Mem Park	Fanda 15Town	UNTY STATE
23/M	DHMH - 17 (VR A15 ME (5))		NERAL DIRECTOR NAME S. A. MORTON & JONS 1701 Laurens MAF	REC'D. BY REGISTRAR'S 25b REGISTRAR'S 2 1 1985	1 80

1	-	FOR STATE
		RECUSTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

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Page	A	1
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de	3 2	4-7
offer	the f	notified
25	-le	57

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages) and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

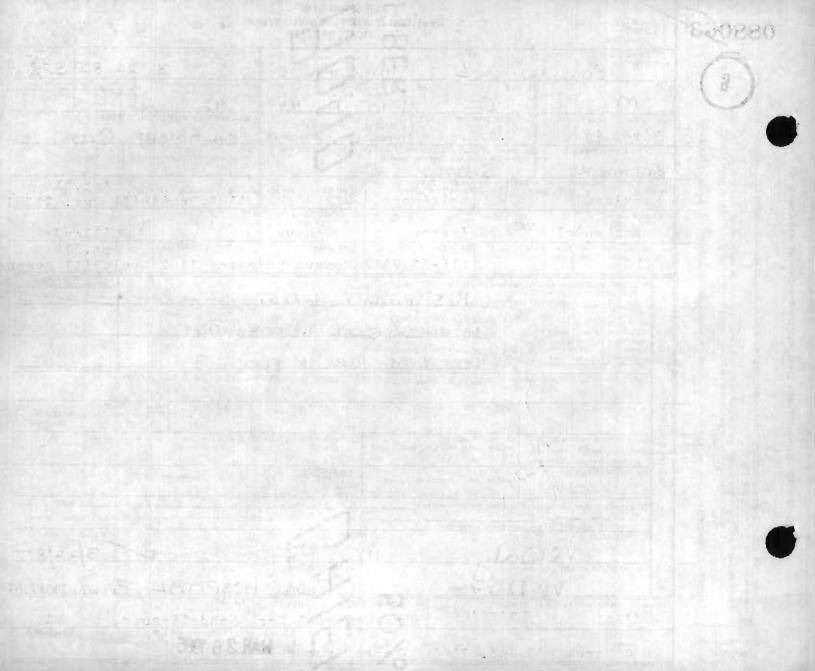
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must be retained by the haspital or attending physician.

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

		EASED NAME FIRST	WIODLE	t t	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE (Ger PRINT)	orge Albert Hal	11		March	28,1985 7:35 AM
4	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		ale	White	MONTH 4	7 03	81 yr	s
4		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
5	Mar	yland	U.S.A.	WIDOWE	DIVORCED	Baltimore C	ity MD.
)		ltimore	11. NAME OF HOSPITAL, UF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	120 USUAL OCCUPATION LA PORE FOR MOST OF WORKIN LA BOTET	GLIFE) 126. KIND OF BUSINESS OR INDUSTRY COMPANY
5	113a S1		ME OR OTHER INSTITUTION GIVE RESIDEN OUNTY Balt	DR TOWN	13d INSIDE CITY LIMITS?	3538 7th Street	et 21225
	14. FA1	THER'S NAME William	WiDalf	äll	IS MOTHER'S MAIDEN NA	MIDDLE	Sanders
		AS DECEASED EVER IN U.S		AL SECURITY NO.	17 INFORMANT	ADDRESS	21230
	(YE	NO (IF YE	S GIVE WAR OR DATES) 213-0	05-3975	Doranne Hard	y 2418 Arbuton	Ave, Balto Md
		18 CAUSE OF DEATH (Ente	er anly one couse per line for (a)	, (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CA	DIATE CAUSE (a) Card	io-pulm	mary ares	t	minutes
	-3		DUE TO, OR AS A COL	NSEQUENCE OF			
		Conditions, if any, which	((b) acut		l Failure		days
	9.	gave rise to immediate cause (a), stating the	DUE TO, OR AS A COL	NSEQUENCE OF			1
		underlying couse lost		estive 7.	teart Failur	L	weeks
	NOI	PART 2 OTHER SIGNIFICA	1 - 0	enman h		AINAL DISEASE OR CONDITION	
	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
3	E. E.	210. ACCIDENT WAS UNDERLYING		THE DAY VELO	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	¥	OR CONTRIBUTING CAUSE O		TH DAY YEAR	2.4		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	, OFFICE, FARM, ETC.)	SIREE	CHTOKTOWA	COOINT
			aspital) attended the deceased	A. 100	, , ,	to March 28,	, 19 <u>85</u> , that (I) (we) last
		sow the deceased alive above, (I) (we) (did) (di	e on March 28 d not view the body after death	19 <u>85</u> , ar	nd that in (my) (our) apinian	death accurred on the date and l	haur and from the causes stated
		226 SIGNATURE			DEGREE		22c. DATE SIGNED
		Kussell	Letouhreur	a u		MEDICAL STAFF DIRECTOR PHYSICIAN	3/28/85
		22d PHYSICIAN'S NAME (T	VP OR PRINT)	7	22e ADDRESS		
		Kussell	7. Stankicwicz	- V, M.D.			
	23a. BL	JRIAL, CREMATION, REMO	VAL 23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY, STATE
		Burial	3/30/85	Glen H	aven Mem. Pk	Glen Burnie	A.A. Ma
	24 FUI	NERAL DIRECTOR	e 4001 Ritchi	DONESHOTHU RE	25 MA 25 MA	R 2 9 10085	GISTRAR'S SIGNATURE

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1	1		STATE OF MARYLAND
163	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 7 6 0 2
	1 05	CEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
1		OR PRINT)	1 2 22 25
	0.05	Rewas	
)	3 SE		4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		(x)	10 17 43 4 YRS.
20-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
305	_	irginia	U.S.A. WIDOWED DIVORCED BALDMAR CITY MD.
fied	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1174PE OF WORK FOR MOST OF WORKING LIFE) 110 INDUSTRY
046		ALDMORE	SINAL
st be	USU 13e.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JINTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE APt. 814
EKO	N	laryland	Baltimore YES XX NO□ 1102 Druidhill Ave. 2120
arine.	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
200		Nathaniel	Hairston Geneva Dillard
Jico /	16a '	VAS DECEASED EVER IN U.S. AI	IRMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Apt. 814
med /		YES, NO OR UNKNOWN] (IF YES, GI	214-38-9418 Geneva Hairston 1102 Druidhill Aven
th.		18 CAUSE OF DEATH (Enter o	only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ven		PART I. DEATH WAS CAUSI	ATE CAUSE 10) RESPIRATORY ARREST
ic e		WONEDW	DUE TO, OR AS A CONSEQUENCE OF
O E O		Conditions, if ony, which	1 10 INTRACERERRAL HEMORRHAGE
r tro	1.0	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
othe		underlying couse last.	10 LEFT LOWER LOBE PASSUMONIA
٦٧, ٥٢		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
2	N N		
ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED
3 4	Ĕ		IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
18 sho	1 8	210. ACCIDENT WAS UNDERLYING	
9		OR CONTRIBUTING CAUSE OF DE	
- 1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION
	X	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
			pitol) ottended the deceosed from
12			on, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated not) view the body after death.
E		obove, (I) (we) (did) (did ni 22b. SIGNATURE	oot) view the body offer depth. DEGREE 22c. DATE SIGNED
If he		VOY	ATTENDING MEDICAL STAFF
Z-	1	22d PHYSICIAN'S NAME (TYPE	ORPRINT) PHYSICIAN DIRECTOR PHYSICIAN 3/22/85 ORPRINT) 122 ADDRESS
OR		200	Day Hasaral Ray-mars by
IMPORTANT	226	BURIAL, CREMATION, REMOVAL	LI 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION
		URIAL	2/26/05 CHY OR TOWN COUNTY STATE
	h-	UNERAL DIRECTOR	3/26/85 King Memorial Park Randallstown, Md.
4/83		NAME	ADDRESS AND O C 4005 CHARACTER
)	W	m C March F/	H Inc. 1101 E North Avenue



94136	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL F CATE OF DEATH	RYGIENE 8 5	07603
be edgh :		CEASED NAME FIRST EDW	ARD	H	ALL	20. DATE OF DEATH	3-21-85 4.49 A
Page 4 may b director, page nours after dee	3. SE	MALE	4. RACE WhatE	5. DATE O		6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN. YRS.
death. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76 CITIZEN OF WHAT COUNTY	MARRIED		Balto.	
by the filled with	F	3 ALTO.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UUTHERA	STREET ADDRESS	1	120 USUAL OCCUPATI	
in 24 hou ly filled in should be	13a S	AL RESIDENCE (IF NURSING HOME OF			136. INSIDE EITY LIMITS YES IN NO	3313 Pop1	ar St. 21216
ed withi	14. FA	ATHER'S NAME FIRST	MIDDLE LAS	51	15 MOTHER'S MAIDEN FIRST	NAME	LAST
n ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NKN .	E WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRE	55
ow requires that the death been signed by the attend mit. Then please remove ac prior to buriol, cremation, or ony injury, or ather traumo	ATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION T196 CONDITION FOR V	SEOUENCE OF		ERMINAL DISEASE OR CON	DITION GIVEN IN PART LIG
The le	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	7 IZIB. TIME OF INJURY	THE TOTERATION		YES NO DE LURRED (ENTER NATURE OF INJU	IN CERTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN; TI otherding physicia contending physiciate for this certificate is the buriol-transit ond Mental Hygin and Mental Hygin ked or them 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONT	19	211 LOCATION STREET	CITY OR TO	
OR ATTENDING PHYSICIAN: The law requires that the hospital or attending physicion. DEECTOR After this certificate has been signed by toched for use as the buriol-transit permit. Then please to be point of Medith and Mental Hygiene prior to buriol, cretter the service of the province o		22a I certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE		1955 an	DEGREE	G MEDICAL STAI	ate and have and from the causes stated 200 DATE SIGNED 3 121 8
TO HOSPITAL TO FUNERAL should be dete with the Store		27d. PHYSICIAN'S NAME INPEC			730 Alph	ulas St. Butheran Hospital	altimore. r
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	3/25/85	23¢ NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy	Board ADD	Balto.		MAR 2 8 1985	25h REGISTRAR'S SIGNATURE Julia Davidson-Randage

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medi

080031

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).			
		CEASED NAME FR	51	MIDDLE	ı	AST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
	TITTE	MA	ARY W.	ATERS	HAL	/		3-16-	-85	12:15	M
	3 SEX	Х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF U	NDER I YEAR	# UNDER 24 HI	
		Female		nite	Dec		100	YRS.		HOURS MI	ν.
100		RTHPLACE (STATE OR FOREIG	THE RESERVE	WHAT COUNT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	1 10 34.5	DEATH		
5		MD		ISA	WIDOWE		Baltimor				MD.
0		Baltimore		HOSPITAL, NUR ICH FACILITY GIVESTI Keswick		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homema	WORKING (IFE)	INDUSTRY	Home	
	USUA	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	I 34 CHTY OR TO		1 13d. INSIDE CITY LIMITS?		27-11-1			
5	130. 3	MD	COUNTY	Balto		YES X NO	4128 Rola	and Ate	22	1211	
	14. FA	THER'S NAME		Date		IS. MOTHER'S MAIDEN NAM	AE				
C		Albert	Everett	Water	s	Mary	Steele		Hoc	per	
		VAS DECEASED EVER IN U	S. ARMED FORCES?	16b. SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRE	55	Night.		
		No	ico, one man on one area,	213 50	6003	Robert M.	Coulbourn.	III, E	Balto.	. MD	,
		18 CAUSE OF DEATH (ER PART I. DEATH WAS C	ter only one couse per AUSED BY: EDIATE CAUSE (e)	Cong	estre	Went !	Failul		BETWEEN	MATE INTERVAL INSET AND DEAT	н
		DUE TO, OR AS A GOVE EQUENCE OF									
		Conditions, if ony, whi gove rise to immedia	te	H MSCVD							_
		cause (a), stating to underlying cause to		OR AS A CONSE	QUENCE OF						
	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART 110		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES	GS USED OF DEATH?	Ŋ
1		210. ACCIDENT WAS UNDERLYT OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF INJURY	DAY YEAR	21¢ HÓW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TE PART I	OR PART 2)			
-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
		220. I certify that HT (this		e deceased fro	Cal	19 19 83				hot ++-(we) 1	ost
		sow the deceosed of above, (I) (wet (did) (ve on	y ofter death.	83_, or	nd that in (my) (our) opinion o	leoth occurred on the da	te and have one	d from the c	ouses stated	
		Holm 1	Hartine	w. M	D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE S	1-85	- 7
		224/ TUSICIAN'S NAME	(TYPE OR PRINT)	1		22e ADDRESS		7	<u> </u>		
		WOHN F.	HARTM	AN, 1	7.0	Freswich	700 W. 40	14 54	212	11	
	1	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION	cc	OUNTY .	STATE	11
	_	Cremation	3/18			Mount	Balto.,	100	1	ND	
	24 FL	UNERAL DIRECTOR H	enry W.	Jenkins	& Sor	IS Co. 250 DATE	REC'D. BY REGISTRAR	Sh REGISTRAR	'S SIGNATU	JRE	

21212

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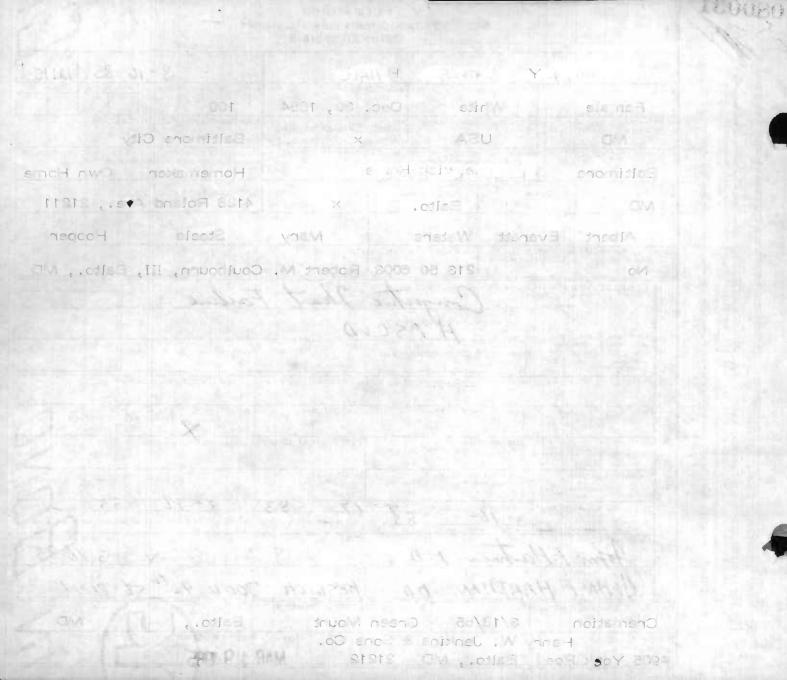
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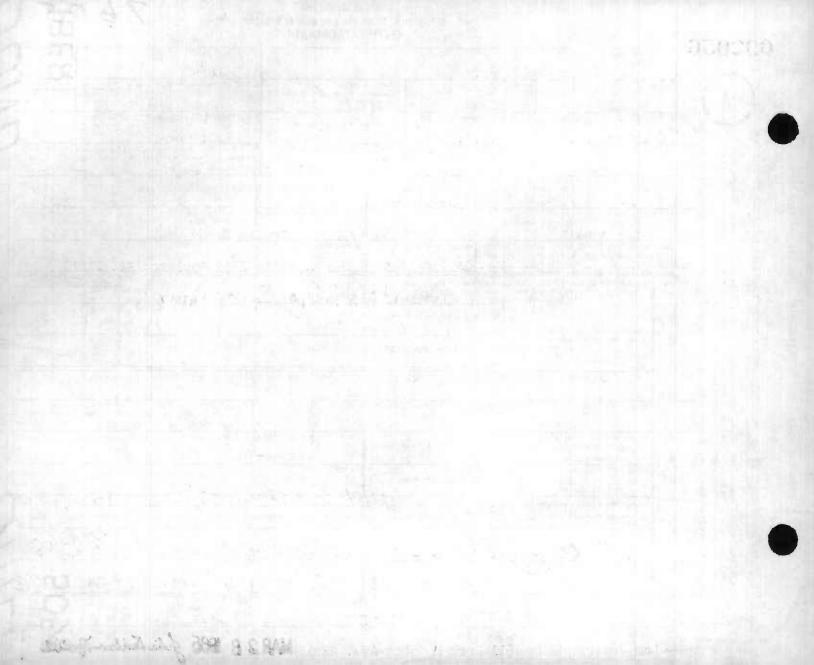
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(VRA 15, 4)

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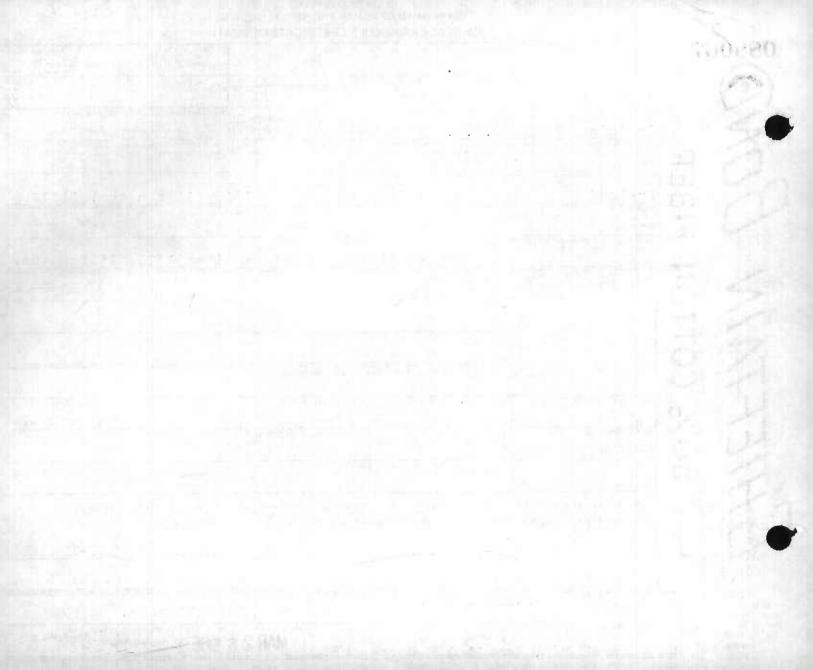
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 088067 DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED ALICE 19 85 HAMILITON . 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR MONTH YEAR LAST BIRTHDAY PRONOUNCED 8 31 53 DEAD Female Black 85 YRS TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Virginia U.S.A. WIDOWED T DIVORCED Baltimore City 2, AND 3 TO THE FUI 3. RETAIN PAGE 5 2 SHOULD BE FILED, V AL RECORDS, 201 W. ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Baltimore 1525 Clifton Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13e STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1525 Clifton Ave. 21217 YESX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDGLE Raymond Pear1 Sarah Williams 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION LYES NO OR LINKNOWN) I HE YES GIVE WAR OR DATES! 212-28-1512 Robert Hamilton 1525 Clifton Ave. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemoptysis DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO to BE DEPARTMENT PRIOR TO BUI 80 21g. EXTERNAL CAUSE WAS SHOULD B 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22¢ I certify that I taok charge of the remains described above, held an Natural causes X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-22-85 Mn Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon. 111 Penn ST., Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 3/27/85 Randallstown. King Memorial Park 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
MAR 2. 6. 1085 From Davidson Kindsee **DHMH - 17** (VR A15 ME (5)) Inc 1101 E North Ave



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ison Forest Liet. Orings Hills Maryland	1 Mar 11 1985 Corru	:1:0
	d. most incl. lat. late,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages yand 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical

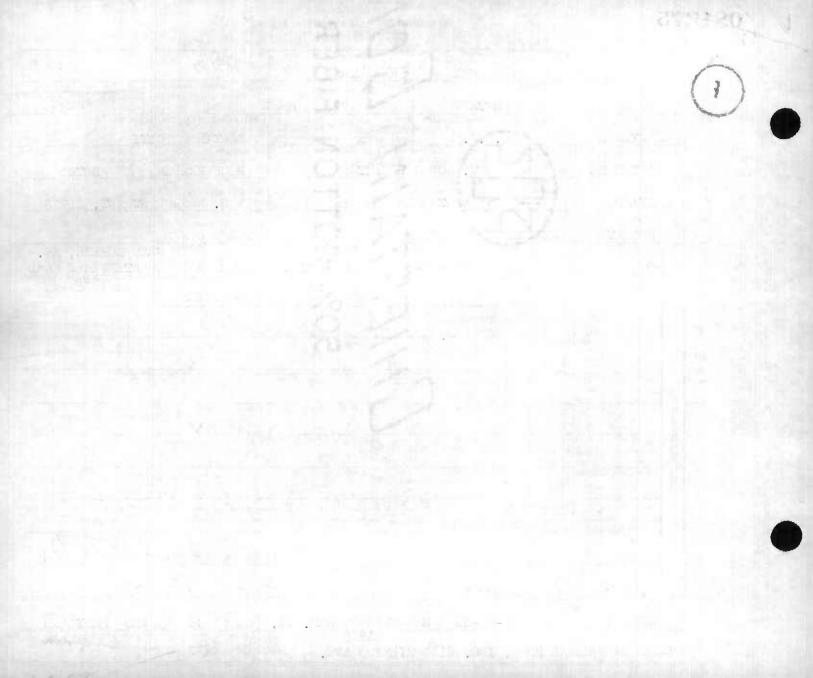
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

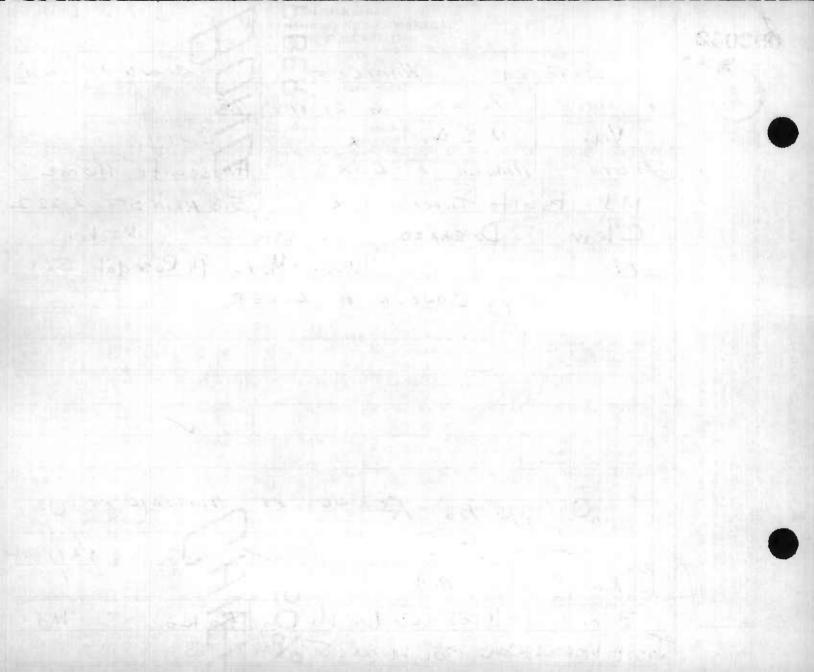
н	REGISTRAR			CERTIF	ICATE OF D	EAIN	REG. NO.				
	. DECEASED NAME FIRST	MIDD	DLE	4	ASI		10.01.12 91 07.111	DAY YEAR	26 HOUR		
L	MAY	AN	INA	HAM	ILTON		3/5/85		10:00PM		
3	I. SEX	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS		
L	FEMALE	WHITE	2	07	22	02	82 YRS				
7	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	IAT COUNTRY?	B AAA DDIE	D NEVER M	ARRIED T	9 BALTIMORE CITY OR COUNTY	OF DEATH			
	MARYLAND	U.S.A	١.	WIDOWE		ORCED	BALTIMORE CIT	Y	MD.		
T	O. CITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING		OR OTHER INST	ITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND C	OF BUSINESS OR		
	BALTIMORE	ST	. AGNES	HOSP	TTAL _	7	HOUSEKEEPER		OTEL		
i	USUAL RESIDENCE (# NURSING HOME OR 130. STATE 113b. COUN		E RESIDENCE BEFORE		1 13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS / ZIP CODE				
	MARYLAND		BALTIMO			NO 🗌	319 S. MONROE S		21223		
1	4 FATHER'S NAME FIRST	MIDDLE	LAST	200	15 MOTHER'S	MAIDEN NAM	ME MIDDLE	LAS	SI		
		EPHEN	FISHE	R	1.13		UNKNOWN	670			
1	1 (YES NO OR UNKNOWN) 1 (18 YES GIVE	MED FORCES? 166	B. SOCIAL SECUR	RITY NO.	17 INFORMAN	VT.	ADDRESS GLE	N BURNI	IE, MD.		
L	NO		215-22-	8072	MARGAR	ET HAN	DSCHUH 8075 QUA		ELD ROAD		
Г	18 CAUSE OF DEATH (Enter an PART I, DEATH WAS CAUSE	y ane cause per line	e far (a), (b), and	(C))	. ,	XU		BETWEEN	ONSET AND DEATH		
1		E CAUSE (a)	ndra	rest	wate	non	arrest				
ı		DUE TO, OR A	S A CONSEQUEN	NCE OF							
ı	Canditians, if any, which	Conditions, if any, which (16) Brain stem whant									
Н	gave rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUEN	NCE OF		U					
ı	underlying cause last.	(c)									
ı	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	TRIBUTING TO DI	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1	a		
	OI					13.5%					
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH C	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY? 70b. IF YES	S, WERE FINDIN	NGS USED		
100	T						YES NO YE	S 🔲	NO 🗆		
		HOUR A.M.	NJURY MONTH DAY	Y YEAR	21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)			
I	(IF EITHER NOTIFY MEDICAL EXAMINER			19				200	300		
L	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF	INJURY FACTORY, OFFICE, FAI	RALETC)	211. LOCATIO	N	CITY OR TOWN	COUNTY	STATE		
I	AT WORK NOT WHILE										
I.	22a.1 certify that (1) (this haspit		eceased fram	Tie!		19 83	10 Mars	-	that II) (we) last		
ı	saw the deceased alive an above, (t) liwe) (did) (did not	view the body ofte	er death.	, an	nd that in (my)	aur) apinian d	death accurred an the date and have	ıı and fram the	causes stated		
Т	226. SIGNATURE	1	Mark Tri		DEGREE			The DATE	SIGNED		
	moonke	e Le	-		P	TENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/-	185		
ı	224 PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS) (1	1		
	Lee, M	Toonhe	e	1.5%	ST	. A.	ones Hosi	b.	A THE S		
2	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE		
	BURIAL	03-08-	85 ME	ADOWR	IDGE ME	M. PK.	ELKRIDGE HOWA		RYLAND		
2	4 FUNERAL DIRECTOR		ADDRESS	2	1229	250 DATE	REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNAS	Bridan.		
1	HUBBARD FUNERAL	HOME, INC	. 4107 V	VILKE	NS AVE.	M	4R 8 1985	THE PROPERTY			

DHMH - 16 60M 7/84 (VRA 15, 4)

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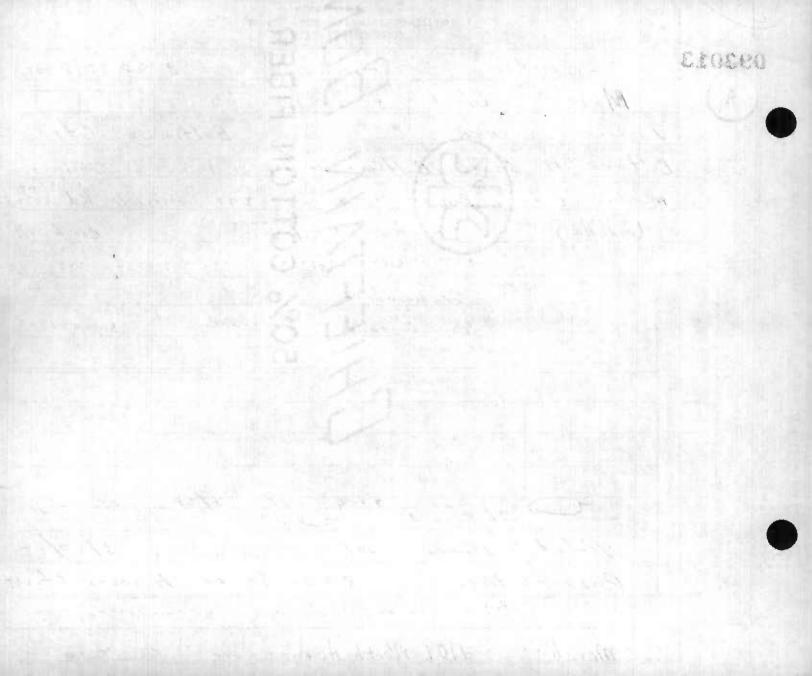
092042	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
and from the doctor	DECEASED NAME (TYPE OR PRINT) LAST LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAST LAST 20. DATE OF DEATH MONTH DAY YEAR 21. HOUR 30 LAST LAS
AARYLAND 21201 d. within 24 hours other des uplestify filled in by the fun upd 2 wichd be filled within applies ploy be helided within	MD. II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HENOT IN SUCH FACILITY, GIVE SIDE TADDRESS). U. C. ITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HENOT IN SUCH FACILITY, GIVE SIDE TADDRESS). U. C. ITY OR TOWN III. LESS IDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. STATE III. COUNTY III. CITY OR TOWN YES NO 5/8 MAIN ST. 2/222 III. FATHER'S NAME FIRST MIDDLE MIDLLE MIDLL
201 W. PRESTON ST., BALTIMORE, in that the death certificate the executional by the attending physician and can please remove corbanoppers. Page Trunal connection or removal.	18 CAUSE OF DEATH (Enter only one cause per line tor (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions of the part is to immediate cause (b) Due to, or as a consequence of (c) Part 2 Other significant conditions contributing to Death but not related to the terminal disease or condition given in part ito.
DIVISION OF VITAL RECORDS, 201 HOSETAL OR ATTENDING PHYSICIAN. The law requires the latined by the hospital or otherding physician. O FUNERAL DIRECTOR: After this certificote has been signed a model to detached for use as the build-frankli permit. Then plan think State Digit. of feelith and Membil Hyghere prior to burnal MORTANT. If then 21 is manked at the NGS More any injury, or or	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING
BP	236. BURIAL, CREMATION, REMOVAL 236 DATE 85 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY WATER COUN



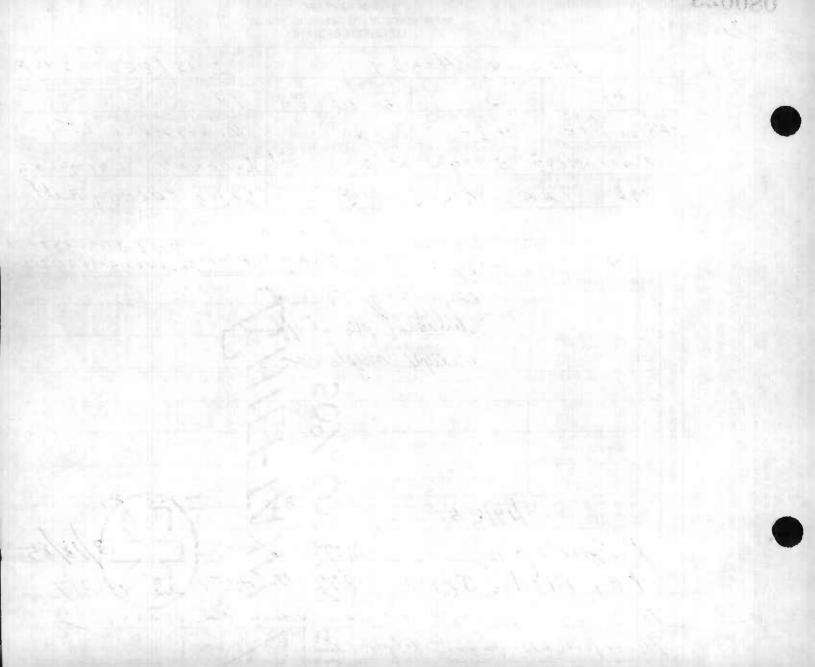
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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2	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
,(B)		CEASED NAME FIRST	ank Ha.	ND 4	20. DATE OF DEATH MONTH	DAY YEAR 26 HOL	YC P		
1 81	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER			
4 40 44	1	m	B	2 13 BB	97 YR	MONTHS DAYS HOURS	MIN.		
1 1 1 85	To Bi	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	WAG City	MD.		
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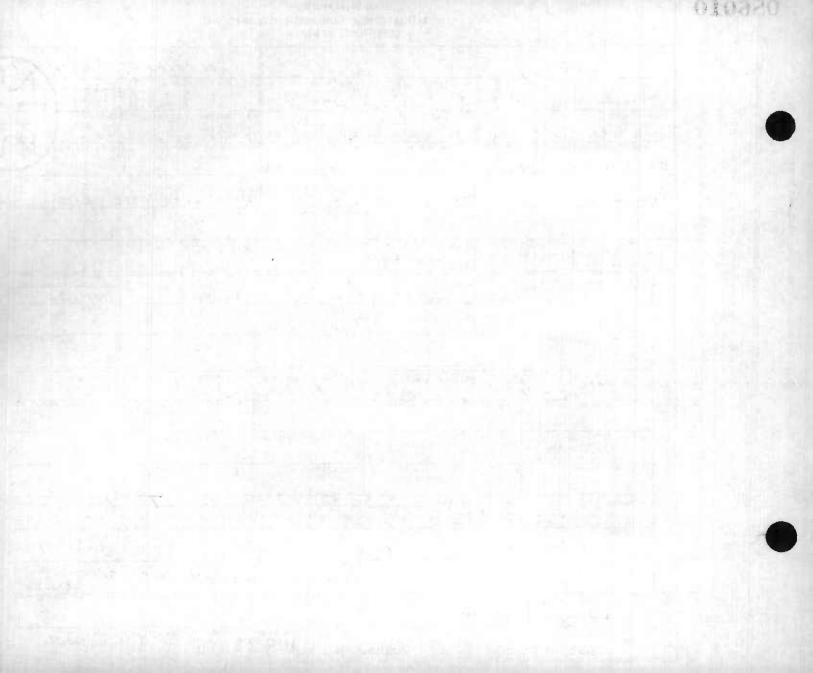


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the process of the pr		22b. SIGNATURE	An	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		
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DHMH - 16 60M 7/84		UNERAL DIRECTOR FRANCIS	J. COLLINS	250. DA	_	SE REGISTRAR'S SIGNATURE	
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			ital) attended the deceased fro		L, to 3 - 17-	19, that (I) (we) last					
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	12	22b. SIGNATURE		DEGREE		22c. DATE SIGNED					
	17	que	-ou	M'S ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3-18-5					
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	DIRECTOR PHISICIAN	4					
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M C C C C C C C C C C C C C C C C C C C	23a E	URIAL, CREMATION, REMOVAL		30 NAME OF CEMETERY OR CREMATORY	<u></u>	COUNTY STATE					
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31	24 11	NAME	ADDRE	SS AAA	ATE REC'D. BY REGISTRAR 356, REGIST	RAR'S SIGNATURE					
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USLASS STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE 5 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN W DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI--3 MILTON HANSON DEATH MATED 4 RACE 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE 2d. HOUR LAST BIRTHDAY DAY RONOUNCED 3-3-85 3:55R DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED Q DELAY IS N TO THE FL N PAGE 5 BE FILED, IN CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 3506 Baltimore Virginia Avenue Hea 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F HOSPITCH 15513kgn1 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS 21207 BALTIMORE, MD, 21201 13d. INSIDECITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLI ROSCA MIDDLE DIVISION OF W mank Edmonds 200 FTER DE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 3501 +1 46-9685 anne CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE ID BE USED AS A BURIAL - TRANSIT PERMIT. WENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [TO MEDICAL EXAMINER: THIS CERTIFICATE SHEXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CIT OF UNEXAL DIRECTOR. PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 3-4-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. ADDRE 111 Penn Street (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY -1985 0100 Maryland 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTBAR'S SIGNATURE **DHMH - 17** Morton FA MAR 1701 Layrens (VR A15 ME (5))

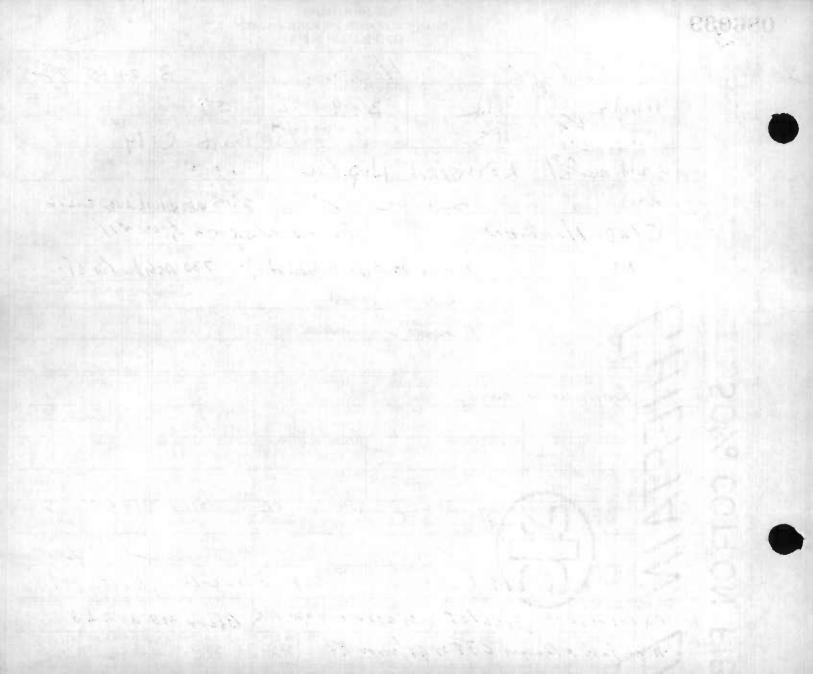
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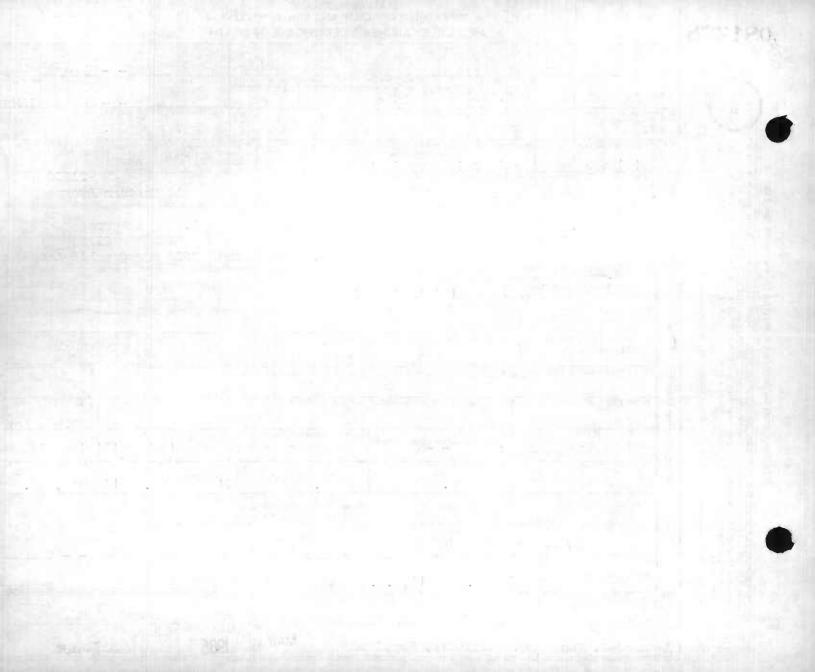
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	R ATTEN hospital RECTOR ned for und spt of Hi		saw the deceased alive an abave, (1) (we) (did) (did no	t) view the body after d	eath. 19 5	and that in (my) (aur) apinion o	leath accurred on the date and ho	aur and from the causes stated
- (DIRECTOR A		226. SIGNATURE	/		DEGREE		220 DATE SIGNED
	a de		DIME	Tolom		PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIAN	3.14.85
	SPITAL SPITAL SPITAL SPECE STANT	1	226. PHYSICIAN'S NAME (TYPES	DEPROVE)		22e ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	0 0 0 0 4 %		1-01155	bebroon	1	LINIVER	5177 HZ501	77)
	should should have	730	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	
	DD.	2.30	SPECIFY) Burial	3/18/85			CITY OR TOWN	COUNTY STATE
	BP	24.5		3/10/03	Greu H	aven Mem. Pk.	Baltimore	Maryland
	DHMH - 16 60M 7/84	Z4 F	UNERAL DIRECTOR		ADDRESS		REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
	(VRA 15, 4)		A. Alan Seitz,	Jr. 3615-1	9 Chestnut	Ave.	diment Blown	** ***

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086039	FOR STATE		DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH		0 .	/ 0 1	0
2 de	REGISTRAR 1. DECEASED NAM (TYPE OR PRINT) 3. SEX	Rondalge	MIDDLE	HAM.	SM PRO BIRTH	REG. 20 DATE OF DEATH 6 AGE (IN YEARS LAST)	MONTH DA	4- S5	HOUR 255 M UNDER 24 HRS
10 21201 (4 hours after death. Page 4 is led in by the funeral director old be filed within 72 hours after the hondified of once.	ACCOMAC 10 CITY OR TOWN	CO., Va.	CITIZEN OF WHAT COUNTY U-S NAME OF HOSPITAL, NU (IF NOT INSULPHEACHLITY, GIVE S HER INSTITUTION GIVE RESIDENCE I	MARRIED WIDOWED IRSING HOME OF TREET ADDRESS DEFORE ADMISSION)		12a USUAL OCCUPA (1YPE OF WORK FOR MOR	YRS. OR COUNTY (OF COUNTY (OF WORKING LIFE)	OF DEATH	
BALTIMORE, MARYLAND 2120 scate be executed within 24 hours vysicion and campletely filled in by lopers. Pages 1 and 2 should be fill and.	14 FATHER'S NAM FIRST 16a WAS DECEASE (YES NOOR MAN)	D EVER IN U.S. ARME	D FORCES? 16b. SOCIAL		13 MOTHER'S MAIDEN I FS 1 18521 17 INFORMANT LUTHELDS 1	Warner o	Five Five Ashbe	I LAST	· ·
quires that the death certifications of the standing phen please remove carbang to burial, are after traumatic even invy, ar ather traumatic even	Conditions, gove rise couse (o) underlying	if ony, which to immediate stating the couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	Carcuousa	RMINAL DISEASE OR CO	NDITION GIVE		IE INJERVAL ET AND DEATH
DIVISION OF VITAL RECORDING PHYSICIAN: The law repitol or ottending physicion. TOR. After this certificate has been for use as the burdi-transit permit, of Health and Mental Hygiene prior of Health and Mental Hygiene prior 21 is marked or litem 18 shaws any its	OR CONTRIBUI	WAS UNDERLYING CAUSE OF DEATH THY MEDICAL EXAMINER) DCCURRED NOT WHILE ALL WORK Hot (I) (this hospital) deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME. SIREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	21c HOW INJURY OCC 211 LOCATION STREET	20a AUTOPSY? YES NO URRED (ENTER NATURE OF IN	IN CERTIFY YES JURY IN ITEM IS PA	COUNTY	STATE
TO HOSPITAL OR A retained by the has retained by the has TO FUNERL DIRECT should be detached with the State Dept.	226 SIGNAT	ATION, REMOVAL	D woef	23¢ NAME OF CE	ATTENDING PHYSICIAN 22e ADDRESS CONTROL METERY OR CREMATOR OF A CREMATOR	Elvay D	1. B.	27. DATE SIC 3/2 2. (1-, 1-	STAIL
DHMH - 16 50M 4/83 (VRA 15, 4)	MANA S	TOR MAN Man	my 638 490	91/m	187 250 E	AR 2 6 1985	1111	AR'S SIGNATUR	delle

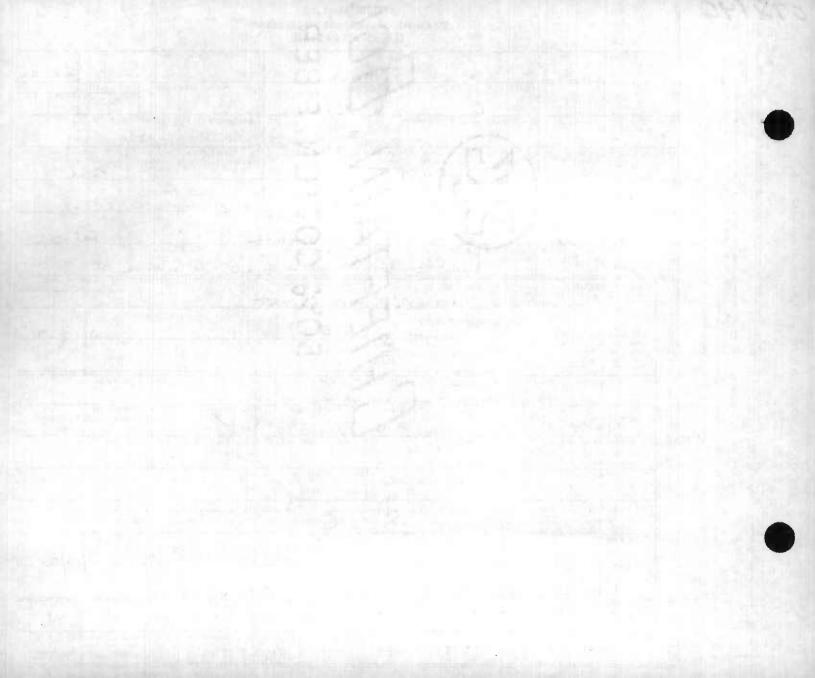




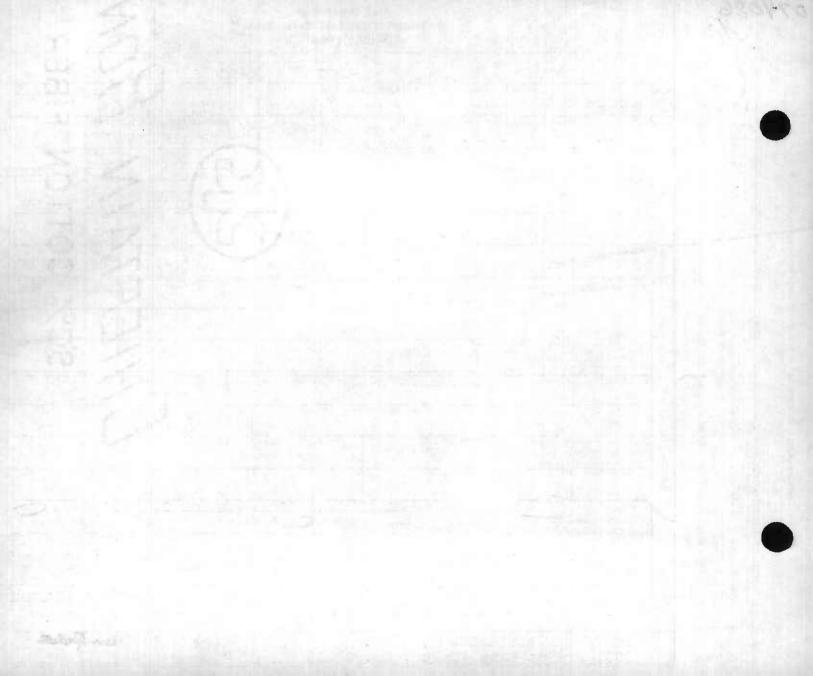
LTIMORE, MARYLAND 21201	be executed within 24 hours ofter death, rage 4, ray be	ion and completely filled in by the funeral director page 3 rs. Pages 1 and 2 shauld be filed within 72 hours after death	ne medical examiner must be parified at once.	3. 70 II 10 U 13 14
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Fage 4, hay be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner must be parified by ance.	MEDICAL CEBTISICATION
				23

(VRA 15, 4)

0	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE B S	0 .	15	20
		CEASED NAME FIRST	MIDDLE	1.1	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		Barnie	L	H	ELIVA		3 16	85	2:18 A
	3 SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
		F	B	6	26 26	58	YRS		The state of the s
ce.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIEE	L NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
575		aryland	USA	WIDOWE		BALTIMOR	E CIT	+	ME
SE Printed		Bullimone	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
r must be	USU	AL RESIDENCE (IF NURSING HOME OF ITALE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS			74211
exomine	14 F/	ATHER'S NAME Willie	MIDDLE 1AST		15 MOTHER'S MAIDEN NA	ME		LA	ST 0
	16n \	VAS DECEASED EVER IN U.S. AR	Jonés	LIRITY NO	17 INFORMANT	ADDRE	SS	He	elon
medica			VE WAR OR DATES) ZIG- 20		Downie Long		perolive	L St.	
r ather traumotic event,		PART I. DEATH WAS CAUSE	The couse per line for (a), (b), and by: TE CAUSE (a) DUE TO, OR AS A CONSEQUATION OF AS A	JENCE OF	leve			3	IMATE INTERVAL
jury, o	Z		CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H ONERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
Item 18 short	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D P.M.		2k. HOW INJURY OCCURE	Stands Company	RY IN ITEM 18 PAR	RT I OR PART 2)	
rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mo		220.1 certify that (1) this haspi saw it eased alive an	tol) attended the deceased from.	851, on	d that in (my) jour) apinian	todeath accurred on the de	te and hour		that (I) (we) los couses stated
T. # Hen		226. SIGNASURE	oluD	C		MEDICAL STAI	FIAN	22c. DATE	SIGNED 14/85
MPORTANI		WALTER	PEROLI JR		U NUCUS!	ry Hospin	TAL		
\$	23a E	BURIAL, CREMATION, REMOVAL URIAL	3/21/85 B		METERY OR CREMATORY LOTE Cemeter	23d LOCATION Baltimo	ore,	COUNTY	Md.
M 7/B4		JNERAL DIRECTOR				E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
4)	Wn	C March F/H	Inc. 1101 E	North	Avenue MA	D 1 0 100E		askil run.	Branda DO



074086	FOR 1 - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	YGIENE 8 5 0	7621
161	REGISTRAR DORCE I DECEASED NAME FRST (1YPE OR PRINT) DOROF	MIDDLE TUV	CERTIFICATE OF DEATH HARRIS	REG. NO. 20 DATE OF DEATH 3-9-1 MARCH 9,1985	35 YEAR 26 HOUR 25 9 25 50 M
(1A)	1 SEX	THY E.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 27 HRS
- IN	FEMALE	WHITE	JUNE 15 1912	72 yrs.	
Or 100 135	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD .	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE BALTIMORE	
Distribution of the control of the c	0. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (15 NOT IN SUCH FACILITY, GIVE STRE CHURCH HOSE		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE CASHIER	126 KIND OF BUSINESS OR INDUSTRY DEPT. STORE
LAND 212 by filled in Should be on mich be	USUAL RESIDENCE (IF NURSING HOMI 130 STATE 136 CC MD.	DUNTY 13c. CITY OR TO		4525 SHAMRO	CK AVE.21206
MARY and 2 and 2	JAMES	SMART SMART	ELIZABE	MIDDLE	LAS1
MORE, I	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 212-09		ARRIS (HUSBAND)	SAME ADDRESS
ST., BALT ertrificate k g physicio son papers removol. event, the	PART I. DEATH WAS CAL	only one couse per line for (o), (b), USED BY CARDIC	DPULMONARY ARRES	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON hot the death c by the attendin ase remove cort I, cremation, or other traumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ			17 1
RDS, 20 equires t equires t Then ple r to burio injury, or		IT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	rminal disease or condition giv	EN IN PART 11a
AL RECORDS. The law required to the sign of the seen of t	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OF VIT. ICIAN: T G physic entificate riol-trons rintol Hyg fem 18 sh	OR CONTRIBUTION C CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
DIVISION OF VIT NG PHYSICIAN: ottending physic ther this certificat as the buriol-from the and Mental Hyg	(IF EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURED WHILE NOTHWHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	e, FARM, ETC.) ?II LOCATION STREET	CITY OF TOWN	COUNTY STATE
ATTENDIN nospitol or RECTOR Af ed for use a pt. af Heolth	22a. I certify that (1) (1) is he saw the deal in the above, (1) with the control of the control	spital atended the deceased fram		to MARCH 9 19	and from the causes stated
HOSPITAL OR ME BY THE PEUMERAL DIFFUNERAL DIFFUNERAL DIFFUNERAL DIFFUNERAL DIFFUNERAL OPERAL DIFFUNERAL OPERAL DIFFUNERAL	22d. PHYSICIAN'S NAME (IV	(when	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN CO	3/9/85 5
TO HOSPITAL retained by 1 TO FUNERAL should be de		RMANERMAN	100 NORTH	BROADWAY BALTI	
BP	230 BURIAL, CREMATION, REMOV	3/13/85 G	ARDENS OF FAITH	BALTIMORE	COUNTY MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	3331 Breh	FUNERAL HOME, ms Lane, Balto		ATE REC'D BY REGISTRAR 26 REGIST	Mark Mondage



FOR DEPARTMENT OF HEA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 7 5 2 2

	1 -	REGISTRAR				CERTII	ICATE OF D	EATH	RE	G. NO.				
		EASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEA		DAY	YEAR	26. HOU	IR
	{TYPE	OR PRINT)	Ethel			Ha	arris			3	27	85		М
П	3 SEX	()		4 RACE		5. DATE			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER		H UNDER	
	,	Female		White	e	MONT 11	16	26	58	YRS	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8.	D NEVER M	ADDIED []	9. BALTIMORE C	TY OR COUN	ITY OF DE	ATH		
2	C	Marylan	d	U	SA	WIDOW		ORCED	Balti	more Ci	ity		14	MD.
7		TY OR TOWN OF DEA Baltimore	TH .	3015 C	HOSPITAL, NU HFACILITY, GIVE ST resmont	IRSING HOME (STREET ADDRESS) L Avenue	OR OTHER INST		120 USUAL OCCU (TYPE OF WORK FOR A Housew	MOST OF WORKING		CIND OI JSTRY	BUSINE	SS OR
5	13a S	AL RESIDENCE (IF NURS STATE Maryland	136 COUI		GIVE RESIDENCE B 13c. CITY OR I Balti	TOWN	- 22	NO 🗌	3015 Cr			21	211	
0]4. FA	THER'S NAME	100	MIDDLE	IS. MOTHER'S MAIDEN NAME FIRST MIDDLE							LAST		
0		Joshua	16.55	THOUSE.	Chenoweth Gladys							uts		
		VAS DECEASED EVER		MED FORCES?	OR DATEST									
×	,,,	No		•	214-20	0-1375	Jackie	uer 1447	Decati			1230		
	W	Conditions, if ony, gove rise to imm cause (a), stotin underlying cause	nediate ig the last.	(b) DUE TO, OI	R AS A CONSE	EOUENCE OF			nal Me			ART 110		
7	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY	IN CER	YES, WERE			TH?
7	100	? 1a. ACCIDENT WAS UND OR CONTRIBUTING (# EITHER, NOTHY MEDIC	CAUSE OF DE	ALIA .	M. MONTH	DAY YEAR	21¢ HOW IN	IURY OCCUR	RED (ENTER NATURE C			ART 2)	NOL	
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK		EET, FACTORY, OF		211 LOCATIO STREET	7	CITY	ORTOWN	COU	NTY	5	STATE
		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed alive or	March ot) view the body	27	om Japan 19 85,0	nd that in (my)	our) opinion	death occurred on	the date and I	nour and fr		hot (I) (s	
,		226 SIGNATURE	elle		greg	or	DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	220	. DATE	SIGNED	
1		M. IS ABL		Az -0 (GREGO	OR	1220 ADDRESS		E STREE	T,Bn	LTO D	TD	212	024
	23a B	BURIAL, CREMATION,	REMOVAL	236. DATE		23¢ NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION		COUNT	γ	5	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

A. Alan Seitz, Jr. 3818 Roland Ave. 2121

3/30/85

Burial

24 FUNERAL DIRECTOR

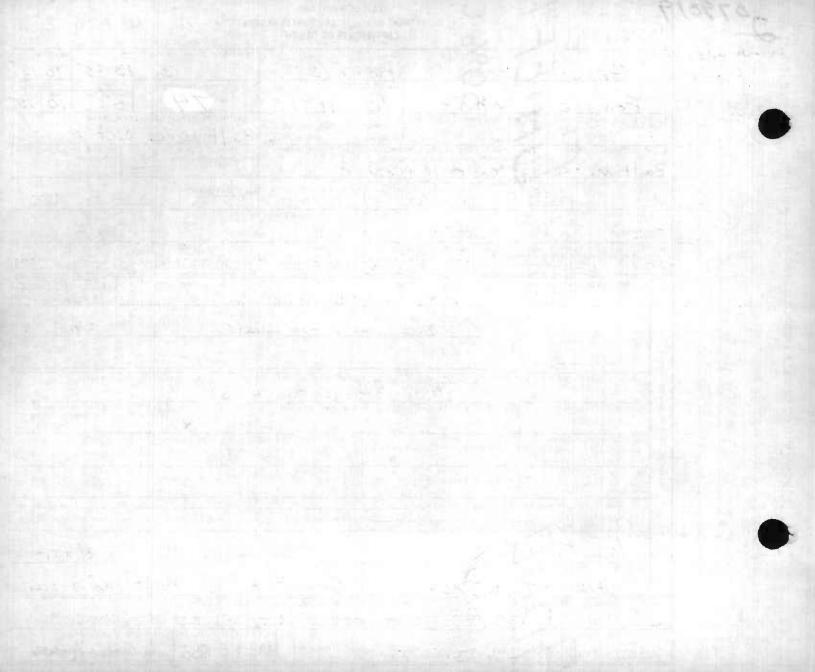
Meadowridge Mem. Pk. Baltimore, Maryla

CONTROL BY REGISTRAR 256 REGISTRAR'S SIGNATURE

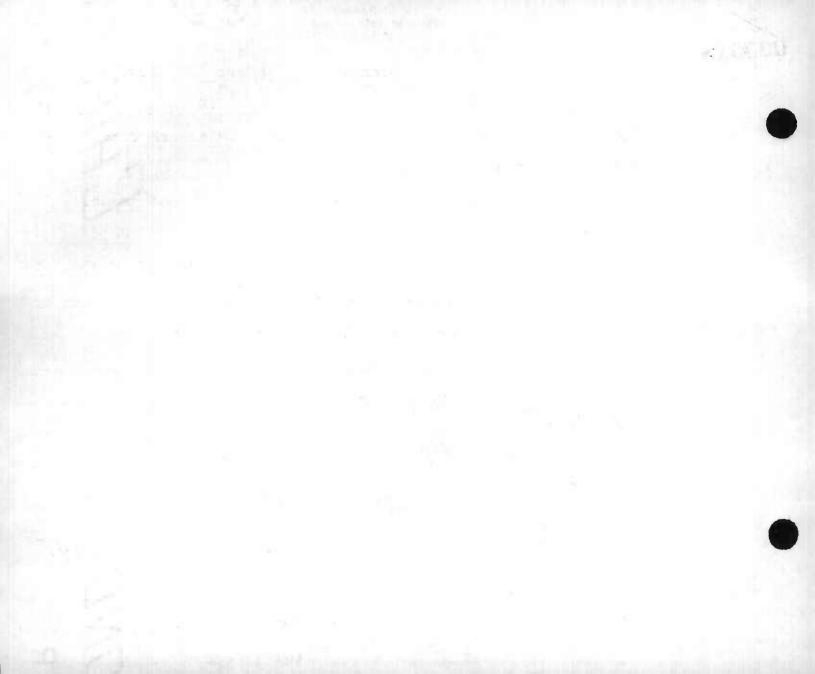
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		1 DE	REGISTRAR CEASED NAME FIRS)T	MIDDLE		ST ST	1	2g. DATE OF D	REG. NO.	ONTH DAY	YEAR 2b	HOUR
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6.4	1	3. SE)	GRACE	Eliza	petn	5. DATE O	F BIRTH		& AGE (IN YEARS	-	7 200		UNDER 24 HRS
The same	1	. 02.	Female	w	rite	MONTH O	DAY]	L903	81		YRS 5		OURS MIN.
6 9	5.00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY?	□ NEVER MAR	RIED	9. BALTIMORE	CITY OR	COUNTY OF	DEATH	
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bed with	190	10. CI	TY OR TOWN OF DEATH		CH FACILITY, GIVE		R OTHER INSTITU	MOITI	12a USUAL OC (TYPE OF WORK FO	R MOST OF			USINESS OR
led in	100	13a S		OME OR OTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION) TOWN	13d. INSIDE CITY		13e. STREET AD	DRESS	1+imore	Ct.	11221
Ho .	00		tryland +2	1231	Baltir	lore	YES X NOTHER'S MA	AIDEN NAM		i. Da	ltimore	2 31. 2	TS2T
ond 2	100		FIRST	WIDDLE	Stanfor		Molly		,	MIDDLE		Scott	
9 4	leaf		VAS DECEASED EVER IN U.	S. ARMED FORCES?		SECURITY NO.	17 INFORMANT				Elmley	Avenue	
100	ше	No		20,000	217-68	8-1872Al	Rose Ma	rie Sł	nramek I	Balti	more, I		
yacca apen	9		18 CAUSE OF DEATH (En	iter only one cause pe	er line for (o), (b	ol, and (cl.)	,					BETWEEN ONS	TE INTERVAL ET AND DEATH
49 D	E			EDIATE CAUSE (o)_	Card	is respus	try ar	rest				10 min	
die o	and a			DUE TO, O	OR AS A CONS			- 12.	. 07			2.44	
TION OLD	tron		Conditions, if ony, whi gove rise to immedia		C	aranon	ug of leg	T lare	eax/			2711	
by the	other		couse (o), stating t underlying couse lo		OR AS A CONS	EOUENCE OF							
Then ple 10 burn	ngury, as	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS (CONTRIBUTING	MAD ST	NOT RELATED TO	THE TERMI	NAL DISEASE C	OR COND	ITION GIVEN I	IN PART 1(0)	
but been permit erreprint	2	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR W	HICH OPERATION	WAS PERFORM	ED	200 AUTOPS	10) (1	206. IF YES, WI IN CERTIFYING YES	G CAUSES OF	
Corte Fyg	20	CER	210. ACCIDENT WAS UNDERLYIN	L	OF INJURY	DAY YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATUR	E OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
oertit priol-t	tem	CAL	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19						250 1-	
s the bu	rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OF	FFICE, FARM, ETC)	21f LOCATION STREET		C	TY OR TOWN		COUNTY	STATE
Se a	s mo	33	22a. L certify that (1) (this	hospital) attended t	the deceased f	rom		19	, to		. 19_	, tho	it (I) (we) lost
for the	21 :	0.2	above, (1) (we) (did)	orul not) view the bod	ly ofter deoth.	19, on	d that in (my) (ou	r) opinion d	leoth occurred o	on the dot	e and hour an	d from the cou	ises stoted
DIRE	Hem		226 SIGNATURE	1		1	DEGREE	NIONIO.	NEDICAL	CTAFF		22c. DATE SK	NED
	± 		100	inzalan			PHY	SICIAN [MEDICAL DIRECTOR	PHYSICI	AN	3/13	4-
TO FUNERAL should be dete with the State	APORTA		22d. PHYSICIAN'S NAME	PUN	ZALA	N	22e. ADDRESS 5214	Hay	End vo	· 13	alb. i	nd.21	2/4
- 5 ×	≤	23a E	URIAL, CREMATION, REMO	OVAL 236. DATE			METERY OR CRE		23d. LOCATH	NWC	cou	INTY	STATE
	-	C	remation	03/14/	/1985	Green M	ount Cre						nd
550M7/7 15 (4))	7		INERAL DIRECTOR		ADDRE		- 02.000	1.44	D 4 E 40		1	-	1.00
13 (4))		W	alter Brooks	Bradley,	Inc. B	alto., M	D 21222	MA	K1519	105	wha Davi	decon-Man	ladine !



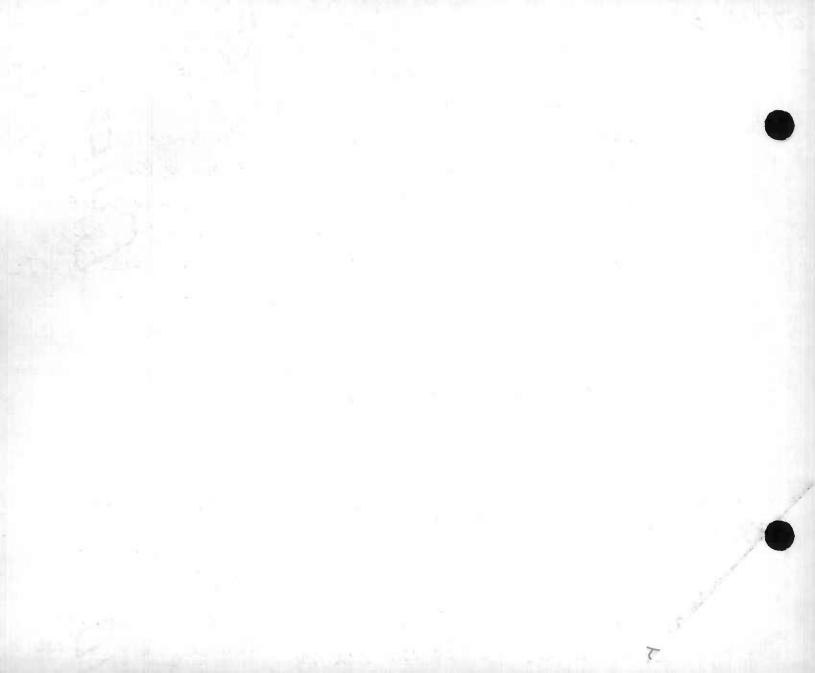
3	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	REG. NO.	0 7	Ó	2 4
3018		CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF D	EATH MONTH	DAY YE	AR 2b. 1	HOUR
(TA)	(1117)	OK PRINT)	Joe	I	R.	Har	ris		March	27,	1985		- 10
	3. SE	Х		4. RACE		5. DATE C		YEAR	6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER I	YEAR IF U	JNDER 24 HRS
urs o		Male		Blac		5	199	24 ^{AR}			/RS		
in 72 ho	7e. B	IRTHPLACE (ST	ate or foreign		WHAT COUNTRY	MARRIE WIDOWE	D NEVER A	AARRIED .	1	_	unty of DEAT e City	Н	M
by the fu		ny or town o Baltim			HOSPITAL, NURSI CHFACILITY, GIVE STREE W. MOS	ET ADDRESS)	T.	TITUTION	120 USUAL OC				JSINESS O
filled in rould be	130.	AL RESIDENCE STATE MD	13b. COL		GIVE RESIDENCE BEFO	WN	134 INSIDE CI	ITY LIMITS?	13 STREET AD	DRESS / ZIP (code sher S	2/2/ t.	17
d 2 sh	14. F	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S			MIDDLE		LAST	
		Hilla			Harris			ftha			Воу	d	
Poges medico		WAS DECEASED YES NO OR UNKNO' NO		RMED FORCES?			17. INFORMA		_	ADDRESS			
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ge 4 m	3. SE)	M.		NEGRO	0	5. DATE O		YEAR / 6.	69	RS LAST BIRTHDAY)	MONIHS RS		UNDER 24 HRS
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FOR STATE

by the funeral director

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STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	14	v

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	EORPRINT) MAR	V s	5.	1	meris	2a. DATE (2	798	2	10
3. SE		4 RACE	<u>,, </u>	5. DATE O	F BIRTH	6. AGE (III	YEARS LAST BIRTH	IDAY)	IF UNDER	TYEAR	IF UNDE
,	FEMALE	BLACK		SEPT	r. 20, 1893	91		YRS	MONTHS	DAYS	HOURS
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIM	ORE CITY OR		Y OF DEA	TH	
	MARYLAND	US of	A	WIDOWE		BA	LTIMOR	E CI	TY		
	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	(TYPE OF WO	COCCUPATION OF THE TERMS	WORKING LI	FE) INDU		
USU	BALTIMORE AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE	ADMISSION)	MAL CENTRA					JSTO	DIA
I	MARYLAND 136 COU	NIY	BALT IMO		13d. INSIDE CITY LIMITS?		ADDRESS /		e Son s	ST.	21.2
	EV. JEREMIAH B.	ALLARO	SWÄNN		15. MOTHER'S MAIDEN IN FIRST MARY		RANCES			SIM	1S
16a V	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		DR. GARLAN		ADDRES		7504		
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF	ey ARREST:					MRCI	
ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE AS A CONSEQUE NITRIBUTING TO E 3/ TUS U/0	ENCE OF ENCE OF DEATH BUT I	NOT RELATED TO THE TE		SE OR COND	ITION GIV	VEN IN PA	ART 110.	SS USI
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DHMH - 16 50M 4/8 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

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Confised of once.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND 6

REGISTRAR		CERTIFICATE OF DE	A111	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	2a. DATE OF D	EATH MONTH DAY	YEAR 26 HOUR
	LIE	HARRIS	MARCH	2 1085	3 n M
. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
FEMALE	WHITE	JUNE 11. 19	YEAR 82	YRS	THS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE	CITY OR COUNTY OF	DEATH
ROMANTA	II C A	MARRIED NEVER MA		LTO CITY	WD
0. CITY OR TOWN OF DEATH	II.S.A.	RSING HOME OR OTHER INSTIT		CUPATION	126. KIND OF BUSINESS OR
BALTO.	2500 W. BELV				INDUSTRY
JOUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE B			EWIFE	AT HOME
MARYLAND 136. COL				DRESS / ZIP CODE	E AUE OLOGE
4. FATHER'S NAME	BALT	YES X N		V. BELVEDER	E AVE. 21215
FIRST	MIDDLE LAST	FIR	est	MIDDLE	LAST .
HYMAN 60 WAS DECEASED EVER IN U.S. A		COVER	RUTH	PADDRESS	WARSHAWSKY
(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		MAS. MARY	JUL MASH	Ann and the
NO	218-0	3-1464A 7 54	ADE HVE., A	PT. 6/6	#21208
	only ane cause per line far (a), (b)	, and ic	, 1 4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Canditians, if any, which	DUE TO, OR AS A CONSE	iosclerasi	2		years
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF	N. 413.00	THE PARTY OF	0
underlying couse last.	(6)	0021102 01			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE (OR CONDITION GIVEN I	IN PART 110
0					
I I O DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORM	MED 200 AUTOP		ERE FINDINGS USED
Ē			YES 🗍	NO N YES	G CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJU	JRY OCCURRED (ENTER NATU	RE OF INJURY IN ITEM 18 PART 1	OR PART 2)
OD COLUMNIANIO CALIER OF DE		DAY YEAR			
(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
	(AT HOME, STREET, FACTORY OFF	ICE, FARM ETC) STREET		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	onal) extended the deceased fro	not 29	10 51 1	mr 12 10	82
sow the deceased alive o	M ~ ~ / /	27.0	apinion death accurred	on the date and hour an	that (I) (we) last
obave, (1) (we) (did) (did n 22b, SIGNATURE	at) view the body ofter/death.	DEGREE			22c. DATE SIGNED
The Area side	Haldato.		ENDING MEDICAL	STAFF	M. a. al Hal
22d PHYSICIAN'S NAME CTYPE	to Coulein		YSICIAN MEDICAL DIRECTOR	PHYSICIAN [march T,
110 PHYSICIAN S NAME (TYPE	OR PRINT)	22e ADDRESS			/
DR. MARVIN G	OLDSTEIN	6	001 PARK HEI	GHTS AVE	
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 2	31. NAME OF CEMETERY OR CR			OUNTY STATE
BURIAL	3/4/85	CHOFETZ CHA	. ///		OM OTHER
	LEVINSON & BROS		25a. DATE REC'D, BY REC	- Part - 1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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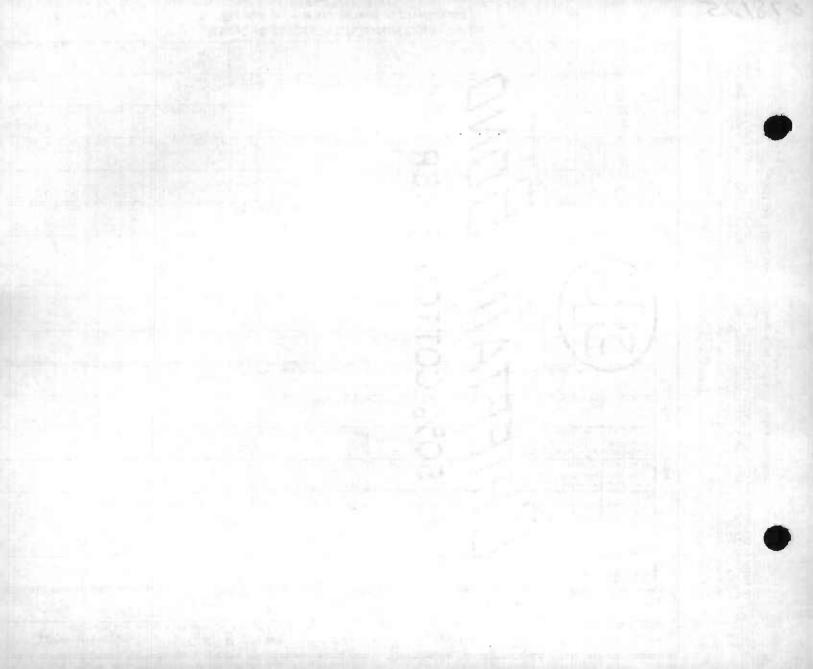
6010 REISTERSTOWN RD. BALTO, MD 21215 MAR 7

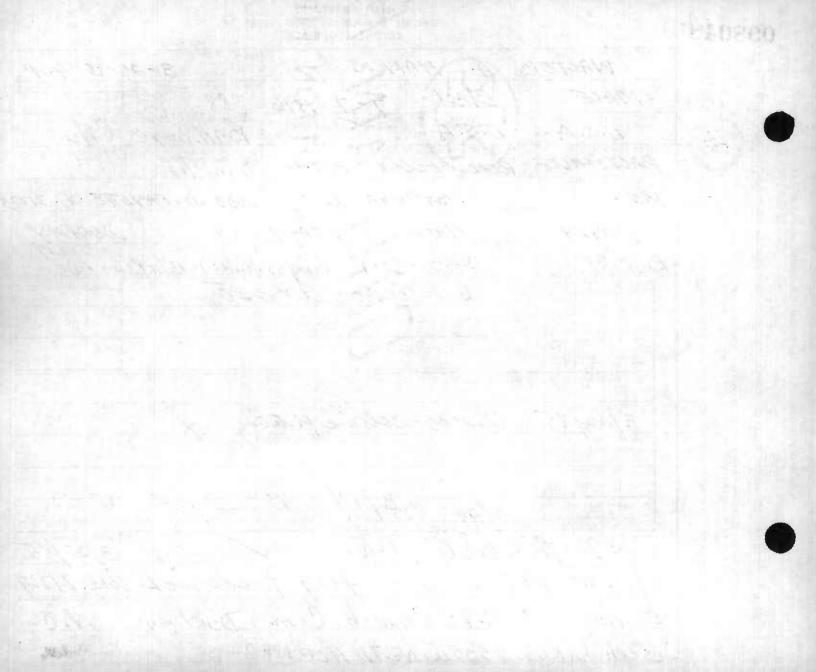
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			CEASED NAME FIR	ST		WIDDLE		LAST		2	a DATE	KNOWN		DAY	YEAR	2b HOUR
	25 25 25	(TYF	TOC	mas			1	Harris	JR.	- 4	Ur .	ESTI- MATED	3/	16/19	85	AA
D. Sel	A CHE CHE	3. SE			E OF BIRTH	YEAR 6. A		JNDER 1 YR.	IF UNDER		C DATE		MONTH	DAY		1:39°
	23862	m	ale black			61	23 YRS.	NTHS DAYS	HOURS	MIN P	RONOUN		3/	16/1		A M
-	ESE SE	70 B	RTHPLACE (STATE OR IREIGN COUNTRY)		IZEN OF WH	AT COUNTRY	I a	RIED NE	VFR MARR	IED [X) 9	BALTIM	ORE CITY	OR COUN			
•	2000年		aryland	I	J.S.A.			WED 🗆	DIVORC		Balt	imore	e City	У,		MD.
4 16	A PREPARED IN	10 C	TY OR TOWN OF DEATH		ME OF HOSE		G HOME, OR O	THER INSTITU	TION		AL OCCUP	PATION (TI		126 KIND	OF BUS	
	ALARA O		Baltimore		900 I	31k. Br	ooks Lar	ne			53. G. WOK	(INO ENE)				
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WD.	A SOLA	14. F	ATHER'S NAME FIRST	MIDDLE		LAST		15 MOTHE	R'S MAIDE	EN NAME	M	IDDLE		LA	ST	
386	OCEN PER		homas			arris,	Sr.	Ma						Labo	red	
IIW	FOR TER	160 \	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF VES	G. ARMED FO			SECURITY NO.	17. INFORA				ADDRES				
BALTIMOR	JRS AFTER 3. GIVE PA WITH FOR DIVISION		NO			N/		Gai	1 Ha	rris	612	4 Ma	cbet			
	OUR 18. AIT. E, DI		18 CAUSE OF DEATH (Ent	LICED DV										APPR 8ETWE	EN ONSET	NTERVAL AND DEATH
PRESTON ST.,	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		IMM.				shot Wo	unds, M	Multip	ple				-		
TEST	d -> ()		Conditions, if any, w	1	DUE TO, OK	AS A CONSEC	UENCE OF									
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DIVISION OF VITAL RECORDS,	VORD "PERVINE SECUTED WINDS OF THE MEDICAL EXAMINE CHIEF MEDICAL EXAMINE TO FLAST A BURBAL-TRUTOF HEALTH MEDICAL CREMATION, OR	Z		10.3	100											
28	PEN A	CERTIFICATION	190 DATE OF OPERATION		19b. CONDIT	ION FOR WHI	CH OPERATION	WAS PERFOR	MED?			57		20 AU	TOPSY?	
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NO	ARTY OR TANA	142	CONTRIBUTING CAUSE		1:39xx	3/ 16	/19 85 :	subject	sho	t						
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	MINI FIELD F		death resulted fram	Moturo i Chiny		Accignit A	Suicide L], Hamic	ide X,	Undeter	mined ma	nner 🗌	r			
	EXA DIED JED AAR		ACTUAL (11	6-00	14	Da Do		PECIFY)							
	A HANDER		SIGNATURE	16	RUM	of	muny	M.D. Dep.	Chi	ef MEDIC	AL EXAM	INER	DATE	ED 3/	16/8	35
	NO LINO		EXAMINER'S NAME	F	0-4	- M D		1	77	1 Down	~ C+					
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	23 a B	(TYPE OR PRINT) Tr			h, M.D	OF CEMETERY	_ADDRESS_		1 Peni						
07.0			BURIAL		22/85		g Memo			Rai	nda1	1sto	wn,	YTM	Md STA	TE 31
07/84 25M	BP		UNERAL DIRECTOR						25a. DATE	REC'D. BY F	REGISTRA	R 256 REC	GISTRAR'S			
	DHMH - 17 (VR A1S ME (5))	W	m C March H	/H Ir	ic . T.	101 E	North	Avenu	e MAI	R 18	1985		Lacyd		indelle	4
												1/				

CTA

TE OF MARY



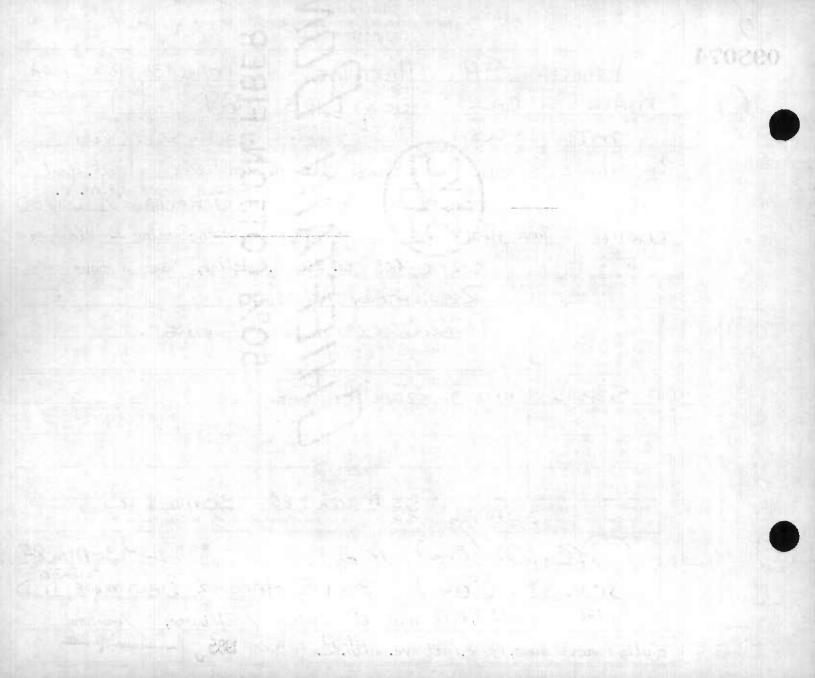


164	1.00	- STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
, ,		E OR PRINT)	DAVIS	HART	3 3-	-26-81-1/
1	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2- MONTHS DAYS HOURS
1	70 0	male IRTHPLACE (STATE OR FOREIGN	black 75. CITIZEN OF WHAT COUNTRY	7 20 07	7 7 YE SALTIMORE CITY OR COU	
207/		Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
polyton 2	10 C	Baltimore		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINES
186	13a.	Maryland 13b. Co	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 136, CITY OR TO Baltin	nore 13d. Inside city Limits?		on Avenue21
300	14. F.	ATHER'S NAME Starling	MIDDLE LAST Hart	15 MOTHER'S MAIDEN NA Della	MIDDLE	Vann
medica /	1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	S GIVE WAR OR DATEST	URITY NO. 17 INFORMANT -96044 The 1ma H.		rfolk, Virg Sandy St.2:
remation, or her troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE (b)	mena	min if	estra 10
or other	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c)	DENCE OF		
iene prior to buriol, crem lows ony injury, or other:	TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF	MIN AL DISEASE OR CONDITION [20] AUTOPSY? [20]. IF	GIVEN IN PART I (o.
lows ony injury, or other	CAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) NT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CON	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	VIN AL DISEASE OR CONDITION 20a AUTOPSY? 20b. IF	GIVEN IN PART I (0) FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO NO
them 18 shows ony injury, or other	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEST CONTRIBUTING CAUSE OF CHEST CONTRIBUTING NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE NOTIFY MILE	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) NT CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CON	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 216. HOW INJURY OCCUR 19 211. LOCATION	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(0) FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO NO
glene prior to buriol, crem shows ony injury, or other		Conditions, if any, which gove rise to immediate cause (a1), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this he saw the deceased olive	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONTRIBUTION TO TO THE CONTRIBUTION TO THE CONTRIBUTIO	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 211, HOW INJURY OCCUR 19 FARM, ETC. 1 211, LOCATION STREET	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM	GIVEN IN PART 1(0) FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STA COUNTY STA 19 , that (1) (we
e Dept. or negitin and mental rigglere prior to borio), crem: If Hem 21 is marked or Hem 18 shows any injury, or other		Conditions, if any, which gove rise to immediate cause (a1), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this he saw the deceased olive	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	DENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 FARM ETC 1 211. LOCATION STREET , 19 , and that in (my) (our) opinion DEGREE PHYSICIAN	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM	GIVEN IN PART I (a) FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO 1 A 18 PART I OR PART 2) COUNTY STA 19 that (1) (w. hour and from the causes state 221. DATE SIGNED.
them 18 shows ony injury, or other		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM- 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this he saw the deceased olive obove, (1)) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 FARM ETC 1 211 LOCATION STREET 19 and that in (my) (our) opinion DEGREE PHYSICIAN 22e ADDRESS	20a AUTOPSY? 20b. IF YES NO RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death accurred on the date and	GIVEN IN PART I (0) FYES, WERE FINDINGS USED PARTIFYING CAUSES OF DEATH YES NO COUNTY STATES OF THE PART I OF PART

TAAV STANDER

				STATE OF MARYLAND		07233
7	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O 3	0 / 0 0 0
A SPACE		REGISTRAR			REG. NO.	
3074		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
0 0 0		KENNETH		HARTLINE	MARCHS	0, 1985 7:00 AM
0.1	3 SE	10-0-0	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Anla		MALE	CAU	DEC 1, 1915	O7 YRS	
2 1/6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
10		mi.	MISA	WIDOWED DIVORCED	DALTIMOR	E (ity MD
210	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TXPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
70		ACTIMORE		ze Generaltspiti	A Steamfitter	Beth Steel
26	USU.	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		13e.STREET ADDRESS / ZIP CO	DDE Balto. Md.
		mo	IBALTI	NORE YES NO [109 W. RAND	412 21 21238
6/	FA	ATHER'S NAME FIRST	MIDDLE 1 LAST	15. MOTHER'S MAIDEN N.	AME WIDDLE	LAST
100	\Box	TI ACTION	ohn HARTLIN	E -EXACK-A	Boco N Katheri	ne Viemeyer
dica			MED FORCES? 166 SOCIAL SE		ADDRESS	
e me		No	212-10	0-7813 Mrs. Alice B	3. Hartline, Sam	e as above
¥ 401		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per han for (o), (b),	^ - ^ -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ever			E CAUSE (6) KESP	RATORY ARRE	ST	
corb , or ,			DUE TO, OR AS A CONSEC	UENCE OF	201	
raun		Conditions, if ony, which gove rise to immediate	(b) 120BA	BLE LESION L	eft Lung	
rem her t		couse (o), stoting the	DUE TO, OR AS A CONSEC	UENCE OF		
or athe		underlying couse lost	(c)			
ilury.	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
y in	110	256212	CHRONIC	CENAL TAILURE		YES, WERE FINDINGS USED
d o	FICA	190 DATE OF OPERATION	196 CONDITION FOR WAIR	TH OPERATION WAS PERFORMED	IN CEI	RTIFYING CAUSES OF DEATH?
8 sho	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1217 HOW IN HIPY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
8	-	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	TENTER NATURE OF INJURY IN THEM	B PART (ORPART 2)
=	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION		ALL THE PROPERTY
8	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
nark		AT WORK AT WORK	tol) attended the deceased from	25 March 10 85	3 30 mar	1085
Is I		sow the deceosed olive on	a) oftended the deceased from	CLC IV	deoth occurred on the date and l	that (I) (we) lost
E 2		sow the deceosed olive on obove, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body ofter death	DEGREE		22¢ DATE SIGNED
if he		()	13 YA) ATTENDING	MEDICAL STAFF	
IMPORTANT: If		22d. PHYSICIAN'S NAME (IVE	MORINTI	22e ADDRESS	DIRECTOR PHYSICIAN	130 Man 85
MPORTANT		Vac	R (000)	1 3001 5 h	JAMPIER BR	21230
N N	23- 5	RIPIAL CREMATION DEMOVAL	123b. DATE 23	NAME OF CEMETERY OR CREMATORY	123d LOCATION	ILTIMORE, MI
	23u t	BURIAL, CREMATION, REMOVAL SPECIFY Burial	April 2, 1985	edan Hill (emetery)	-CITY OF TOWAL	Manual and STATE
	24 F	JNERAL DIRECTOR		21 220 L25a DA		Maryland ISTRAR'S SIGNATURE
M 7/84	Me	Cully Funeral H	lome, 130 E. FORT	Ave. Balto. Ad. ATK	TE REC'D. BY REGISTRAR 25b. REG	undson-hande
		0				4

STATE OF MARYLAND



120 Vareina Domestic .vt. Families REESTON OF THE TONE OF THE STATE OF THE Paliturore Prvlns mimi rreeman. ler TS 13 hove Circle Johnson Wheelston, M. 20132 Eleter, irrine New Consense of the Prince of 1 tter - sens neral one in . seltinore, trylah 21210 KAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07435

3	1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	Н		REG. NO.		,	
		CE ASED NAME	FIRST	^	AIDDLE		LAST	1	2a. DATE OF D	EATH M	HINO	DAY YEAR	26 HOUR
	,,,,,,	ON PRINTI	THOM	IAS	JOSEPH		HATEM		MARCH	19,	198	35	10:30 _M
Ĭ	1. SE)	WALE		4. RACE	E	5. DATE (DAY YE	AP	AGE (IN YEAR	S LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	-	RTHPLACE (STATE OF COUNTRY) HOUTE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIE	ED '	BALT				MD.
111	6 .	TY OR TOWN OF E	205)	(IF NOT IN SUC	HOSPITAL, NURS IN H FACILITY, GIVE STREET A HNS HOP	DDRESS)	HOSPITA		TYPE OF WORK FO	OR MOST OF			OF BUSINESS OR
3	13a. 5	AL RESIDENCE INN MATERIALE	13b COU		GIVE RESIDENCE BEFORE		13d INSIDECITY LIM	AITS?	36.STREET AD	DRESS /			10/4
U	7 14	JOSEPH	The	MIDDLE	HATEM		15 MOTHER'S MAID NASH	- ^		WIDDLE		Jose	ph
2	0.0	VAS DECEASED EV (ES. NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECUI スパス・ススー名		17 INFORMAN(W	E C . H	38-6313 1ATEM	BEI	Eidge T	mood Ro	21014
	z	Conditions, if a gove rise to icause (a), stounderlying cau	my, which mmediate thing the last.	DBY. TE CAUSE (a) P DUE TO, OI (b) DUE TO, OI (c)		NCE OF	ommas C	ceps'	apla		ITION GIV	1000	IMATE INTERVAL ONSET AND DEATH - 10-30
163	CERTIFICATION	190. DATE OF OPER		elo sem		OPERATIO	N WAS PERFORMED		200 AUTOPS		IN CERTIF	, WERE FIND IN YING CAUSES S	
2	MEDICAL CER	21a. ACCIDENT WAS IN OR CONTRIBUTING (IF EITHER NOTIFY M. 21d INJURY OCCI.	CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURRE	-		12		
	ME	22s I certify that		tal) attended the	et, factory office fa	2-18-	STREET	85	, ta	Mand	2.19		that (I) (we) last
1		saw the dece abave, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S	(did)(did no	A view the bady	7 - 1 - 7 -		DEGREE ATTEND PHYSIC 22e ADDRESS	DING [MEDICAL DIRECTOR	STAFF	AND	22c DATE	
	73a B	PATTY (EA	- 60			JOHN SIL	OPKI	n2 140	SPITA		21205. BALTI	hone Mr

DHMH - 16 60M 7/84

(VRA 15, 4)

Buri Al 24 FUNERAL DIRECTOR ON TOSTET

BEI Air Maryland 21014

March 23, 1985 BEL Air MEmorial Gardens 50 W. Broadung & Williams St.

BEL Air, Harford Co., Maryland 21014

the state of the s

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

HAUSNER

20. DATE OF DEATH MONTH YEAR 2h HOUR MARCH 31 1985 IF UNDER I YEAR 74

MALE 18 1910 OCT. WHITE TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA MD.

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

LEONARD

WIDOWED X DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

BALTIMORE CITY

SELF-EMPLOYED

9 BALTIMORE CITY OR COUNTY OF DEATH

12h. KIND OF BUSINESS OR FLORIST

BETWEEN ONSET AND DEATH

CHURCH HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) 13c CITY OR TOWN MD.

MIDDLE

4 RACE

BALTIMORE LAST

HAUSNER

2731 E. MONUMENT ST. 21205 YES X 15. MOTHER'S MAIDEN NAME CATHERINE

MIDDLE HELMBOLD A.

MICHAEL CHARLES WAS DECEASED EVER IN U.S. ARMED FORCES? YES

GEORGE

- STATE REGISTRAR DECEASED NAME

LIVE OF PRINTE

10 CITY OR TOWN OF DEATH

4 FATHER'S NAME

3 SEX

IFICATION

1Ah SOCIAL SECURITY NO 212-05-5800

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT JONES

BANK ST. 21224

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CARDIOGENIC

ACUTE MYOCARDIAL INFARCTION PNUEMONIA,

SHOCK. HEART FAILURE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

70m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F 211. HOW INJURY OCCURRED ("ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET FACTORY, OFFICE FARM ETC) NOT WHILE

720.1 certify that (I) (this hospital attended the deceased from MARCH

211 LOCATION

CITY OR TOWN

COUNTY STATE

saw the deceased alive an MARCH abave, (1) we did (did not) view the bod 276. SIGNATURE

MUKESH LUHAR M.D.

DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) our apinion death occurred an the date and haur and from the causes stated 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS CHURCH HOSPITAL CORPORATION

23d LOCATION

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL

23c NAME OF CEMETERY OR CREMATORY GARDENS OF FAITH

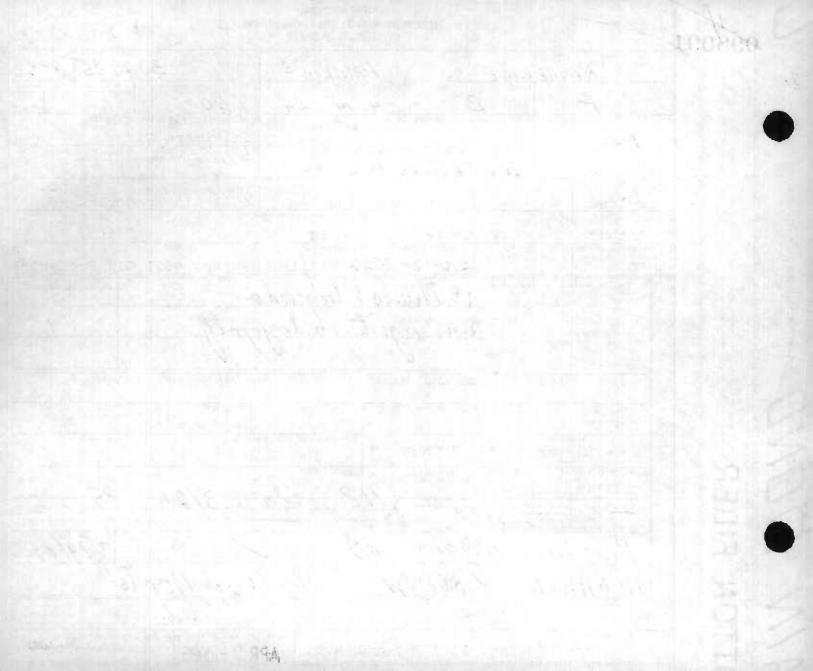
BALTIMORE

MD .

24 FUNERAL DIRECTOR INC. 3331 Brehms Lane Balto Md. 21213

DHMH - 16 60M 7/B4 (VRA 15, 4)

ould be de



	1				OF MARYLAND	SIENG 5 0	7 . 7 6
081283	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYC		1033
1%,	1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	DAY YEAR ?b HOUR
1 1 75	(TYP	Susai	Marie	Hawk	1	Money 8 10	5:25Am
1	3. SE		4 RACE	5. DATE C		March 6 19	IF UNDER 1 YEAR IF UNDER 24 HRS
8 11			TTh 2 4 a	MONTH		0.0	MONTHS DAYS HOURS MIN.
- de 45	7n. B	Female IRTHPLACE (STATE OR FOREIGN	White 76. CITIZEN OF WHAT COUN	TDY2 8	. 5, 1897	9 BALTIMORE CITY OR CO	(RS. UNITY OF DEATH
1 1 1 1		COUNTRY)		MARRIE	D NEVER MARRIED	Baltimere C:	
9 1 5	10. C	Maryland ITY OR TOWN OF DEATH	U.S.A.	JRSING HOME C		126 USUAL OCCUPATION	126. KIND OF BUSINESS OR
to the second se	2	Baltimere	(IF NOT IN SUCH FACILITY, GIVE	neral H	espital	Housewife	(ING LIFE) INDUSTRY Own Home
Pe de la companya de	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)			
g iss		STATE 13b. COU	Andrew Control of the	imore	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (2211 W. Roge	
1 1 1		ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	.13 AVCINC 2120)
d wind in the state of the stat		Charles	Schot:		Caroline	WIDDIE	Sweinsburg
BALTIMORE, MARYLAND 2120 cote be executed writing a noun ysicion and complete yolers. Pages 1 and 2 mars Hill woll. It, the medical examiner must be m		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	- Swelliobal B
MORE nond or Poges		YES, NO OR UNKNOWN) (IE YES, GI	VE WAR OR DATES)	4-3602	Milton R. H	lowking Some	e as # 13
ALTIV	-	18 CAUSE OF DEATH (Enter o			military in	lawkins Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY: Deens		Failure		BETWEEN CHOSET AND DEATH
on ren		IMMEDIA	THE CAUSE (U)				
STOP tendi		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF			
PRES	15	gove rise to immediate	(b)				
by the ase rem		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF			
gned In plea buriol ry, or ry		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1 to
RDS, quir fhen to b	Z						
been been brior	H Ē	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific orthogony physician. ther this certificate has been signed by the attending phy on the burial-transit permit. Then please remove carbon of sthe bound-incomed permit. Then please remove carbon or the ord Mental Hygiene print to burial, crementary, or ather traumatic ever orked or them 18 shows any injury, or ather traumatic every	CERTIFICATION		THE REAL PROPERTY AND ADDRESS.			YES NO	CERTIFYING CAUSES OF DEATH?
VITA N.N. Th hysicide icote icote Tronsit Hygin	1 8	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART (OR PART 2)
SICIAN: ng physin certificat rindi-tron frem 18 s		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
ON HASI	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PHING PHI	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, O	EICE FARM, ETC)	STWEET	CITY OK TOWN	COUNTY
Par Aft Aft mor mor			nital) attended the deceased f	rom Febru	ary 24 19 8	, to March o.	, 19, that (X (we) lost
TTEN Sort of Horizon		22a.1 certify that X (this hasp	March 6.	19 65 01	nd that in (wy) (our) opinion	death accurred on the date on	d hour and from the causes stated
OR AT he hosp oched for Dept. of		22b. SIGNATURE	or view the body offer deoffi.		DEGREE		776 DATE SIGNED
the Dorder		Relyco	1500	140	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 3-8-85
SPIT PAY	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		ltimore, md.
TO HOSPITAL Cretoined by the Should be detroined by the Mail Defended by the Mail House Broade Broade Broade Mail the State Broade Mail The Mail Mayorrant: #		Rebecca B	wrd. M.D.	25	c/e Mary	land General	Hespital
should be should	23 o	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	
BP	1.00	(SPECIFY) Burial	3/11/85		hns Cemetery	CITY OR TOWN	COUNTY STATE
Jan State Control of the Control of	24 F					Ellicott Ci	ty Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	16	TOYAMM. & Russel 30 Edmondson Av	II C. Witzke	uneral	Homes P.A		Tavidson Randall
(400 (2, 4)	10	A HOSDHOIIDE OC	renue, Catonsv	TITE, MO	· ZIZZO MA	IN 1 1 1000 House	

		I	irems 1	8-22a	4/8	/85 mt	STA PARTMENT OF	TE OF A	ARYLA	ND	i cornir	0	7 6	7 Q	
200		1-	STATE REGISTRAR	F#602		MEDI	CAL EXAMIN	JER'S	FRTIFIC	CATEO	E DEATH	0.	, ,	0 /	
085	044	T DE	CEASED NAME	FIRST			IDDLE	TEIR 5	LAST	CATEO		REG. I		DAY YEAR	2b HOUR
16	H W W W - V	(TYI	PE OR PRINT)	DAVI	D	Α.	ПУ	YDEN		Jr.	OF.	ESTI-	□3-17-8		IN THOOK
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	SEE SEE		SIGNATURE	Jugar	The	- 111/h	Jana	M	DASSI	stant	MEDICAL EXAM		SIGNED.	18-85	
	THE CHAPTER		EXAMINER'S N	NAME ME	irgar	rita A.	Korell,M.	D.	ADDRESS	111	Penn Stre	et			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT		23b. DA	TE	23c. NAME OF CE		ADDRESS_ R CREMATO	ORY	23d LOCATION				
07/84	BD/083	(:	Buria]			3-23-85	Cedar				Glenbu'r	mie	Md.	ST	TATE
25M	DHMH - 17	24 FI	UNERAL DIRECT				_ ocual	. 111.		25a. DATER	EC'D. BY REGISTRA	R 25b, REG	HSTRAR'S SIG	TO TUBE OR	
	(VR A15 ME (5))	T		March	F/1	ADDRESS	E. North	· A 37		MAR	20 1985	, ark	all acon-	Marketor	
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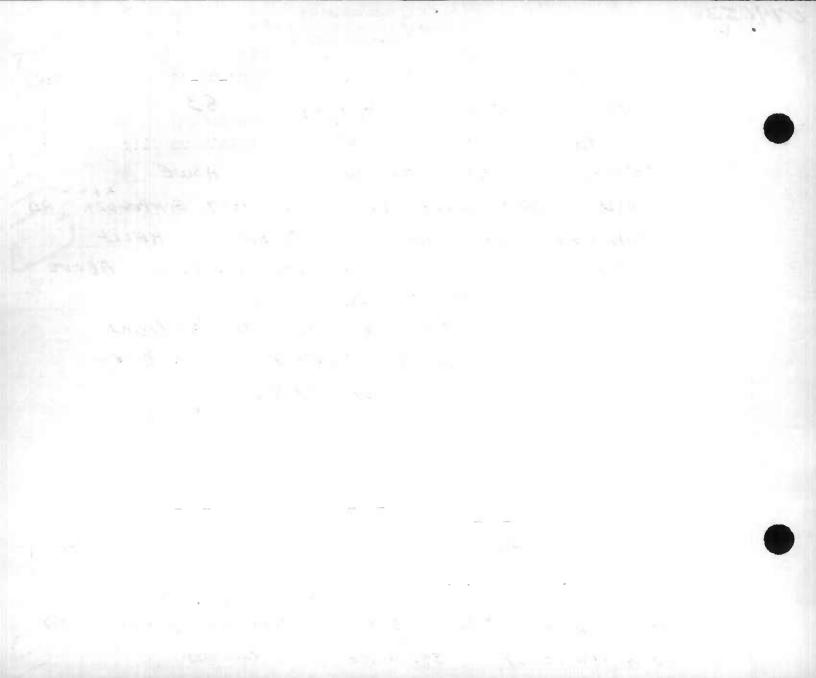
254	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGRNE 5 0 /	6 4 0
74		CEASED NAME Eleg	1 411.	LAST	a. Daic of Beatti	DAY YEAR 26 HOUR
0.0	1.58		GTRI,	HAYDEN 5 DATE OF BIRTH	MARCH 04 19	85 05:25M
-	1	emale	Cauc.	March 3 190		MONTHS DAYS HOURS MIN.
13)35	76.8	RTHPLACE ESTATE DE TOMICA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		
11 23		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
Completely filled in the first	III F	ALTENDENCE IN HIS HIGH PARKET OF THE HIGH PARKET OF	Himore BALTO	ADMISSION) 13d INSTRICT CITY LIMIT YES NO 15 MOTHER'S MAIDE FIRST E/PCUNON	130 STREET ADDRESS / ZIP CODE 15 32 Annes/16 NNAME Ann MIDDLE Da	vidson
Page 1			IVE WAR OR DATES)	John A. Hayo	den III 532 Annesi	
physics speper need, the		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), and ED BY:		arrest	BETWEEN ONSET AND DEATH
by the attending nase remose corbo of, cremation, airse riother traumotic e		Conditions, if any, which gove rise to immediate course to stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF Vascular	anomalies	Since birth, ~12 hours
been vigned mit. Then pla prior to burns may Filary, or	CATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			, WERE FINDINGS USED
e prior to b	FICATION				20a AUTOPSY? 20b. IF YES	

YES [216. TIME OF INJURY 216 HOW INJURY OCCURRED WITER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR P.M 214 INJURY OCCURRED 21f LOCATION STREET 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) (this hospital) attended the deceased from opinian death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN GOW WOLK BOUNIE HUDAK 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY MOSTATE I remation CITY OR TOWN COUNTY Green mount timore Baltimore 2/2/2 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mitchell- Wiedefeld Home (VRA 15, 4)

DHMH - 16 60M 7/84

ac tarb A MATERIAL PROPERTY AND A STATE OF THE STATE The state of the s

974053	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE S REG. NO.
	1. DECEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR A
be 3	LORMA	A HEADINGS	03-08-85 7:054
14.1	3. SEX Female	4. RACE 5. DATE OF BIRTH White 4/9/0/ VEAR	
Poor Poor	3. BIRTHPLACE ISTATE OF FOREIGN	75 CITIZENI OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
neral n 72	PA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	
ofter d	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Belair Convalesarium	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) 175 KIND OF BUSINESS OR INDUSTRY
24 hours of filled in by the file	OSUAL RESIDENCE (IF NURSING HON 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMIT	S? 138 STREET ADDRESS / ZIP CODE 2 / 2 20
RYLA RYLA 12 P	FATHER'S NAME FIRST	BALTO MIDDLE RIVER YES NO ID	N N AME HAST
, MAR vomple	SAMUEL	KAUFFMAN D	ORA KELLY
be exect on and c	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES)	ARMED FORCES? 166 SOCIÁL SECURITY NO. 17. INFORMANT S. GIVE WAR OR DATES) 21424837 EVELY	N WALTERS ABOVE
es that the deoth certificate by the attending physics remove carbon pricely, cremation, or remove, ar other traumatic even	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAL	USED BY: DIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ROLL (b) DUE TO, OR AS A CONSEQUENCE OF ROLL (c)	APPROXIMATE MITERVAL BETWEEN ONSET AND DEATH APPROXIMATE MITERVAL AP
low requests been steermit. The e prior to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NG PHYSICIAN: The low requirented physicion. offending physicion. offer this certificate hos been signs the buriol-tronsit permit. Then the and Mental Hygene prior to be norked or Item 18 shows ony injury orked or Item 18 shows ony injury.	OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. MONTH DAY YEAR AINER) P.M. 19	YES NO YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IVISION IG PHY: attending ter this is the bun and M rked or	21d. INJURY OCCURRED NOT WHILE	216 PLACE OF INJURY (AT HOME STREET EACTORY, OFFICE FARM ETC.) 216 LOCATION STREET	CITY OR TOWN COUNTY STATE
OR ATTENDIO OR ATTENDIO OR DIRECTOR A coched for use Dept. of Heal If Item 21 is m	The certify that (I) (the beginning to the december alive obove. (I) (was does not ide the SIGNATURE)	on 706-85 (our) op ond that in (my) (our) op	, to 03-08-85 19 , that (I) (we) lost inion death accurred on the date and hour and from the causes stationary that (I) (we) lost inion death accurred on the date and hour and from the causes stationary than a stationary
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote with MAPORTANT.	THE PHYSCIANS TAME IT	THE OR PRINT) 27e ADDRESS	ott Adam Road
BP	230. BURIAL, CREMATION, REMOVE ASPECIFY) REMOVAL - BUSINESS	VAL 236. DATE 236 NAME OF CEMETERY OR CREMATO	ORY 236 LOCATION 21030 FAI MCVEYTOWN PATTER COUNTY PATTER COUNT
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FUNERAL DIRECTOR NAME J. G. CONN	250	MAR 1 3 1985 July Devision - Andrew



7	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARY MENT OF HEALTH AN CERTIFICATE OF	D MENTAL HE	BIENE O	0.	4 0
eath		CEASED NAME FIRST	NE Holman	HEDGER	ETH Jr	20 DATE OF DEATH	3 17 E	35 12-10 A
rs offer o	3. SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY 3 1 1	4 2	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
ied of oace.		RTHPLACE (STATE OR FOREIGN COUNTRY) . Carolina	U.S.A.	8. MARRIED NEVE	R MARRIED D		re City,	TH ME
Spriffied C		altimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Provident Ho	1 ADDRESS)	NSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS OR ISTRY
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Co Semine	14. F/	ATHER'S NAME Lonnie	MIDDIE LAST Hedgep	th Ann		MIDDLE	Ho1m	tast 1an
e medicol		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC			es 834 E.	Coldspr	ing Lane
njury, ar ather trouma	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) PANC DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DEATIC DENCE OF		E& 7 M8		ART 1(o
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES	
ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI THE EITHER NOTHER MEDICAL EXAMINI 216. INJURY OCCURRED WHILE NOT WHILE AT WORK		DAY YEAR 19 21f LOCA		RED (ENTER NATURE OF INJL.		
f Item 21 is mor		220 I certify that (I) (this hasp	pital) attended the deceosed from	8 , and that in (n	ny) (our) opinion	deoth occurred on the d	220	. that (I) (we) loss om the couses stated DATE SIGNED
ORTANT: P		224 MATSICIANS NAME ITTE	BENNING	22e ADDI	PHYSICIAN [DIRECTOR PHYSIC	P.O. Bo	5-14-60

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

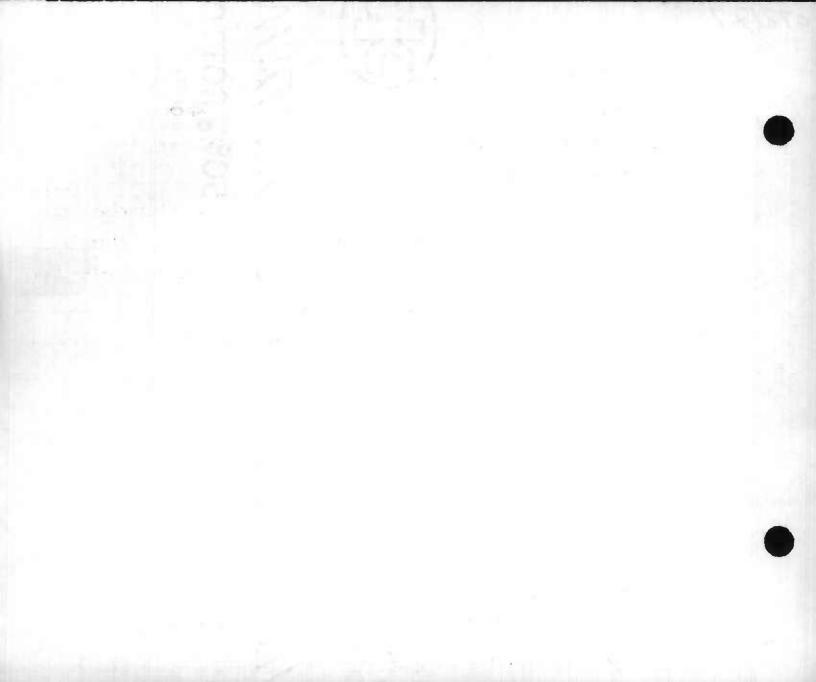
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Md.

ADDRESS 1101 INC

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN
Baltimore Cemetery Baltimore,

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN
COUNTY
BALTIMORE
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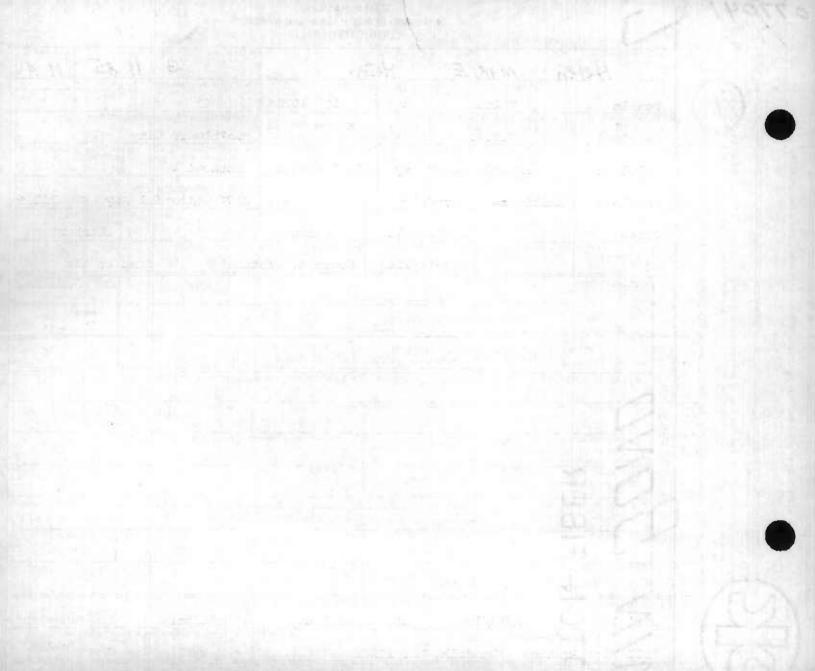


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(VRA 15, 4)

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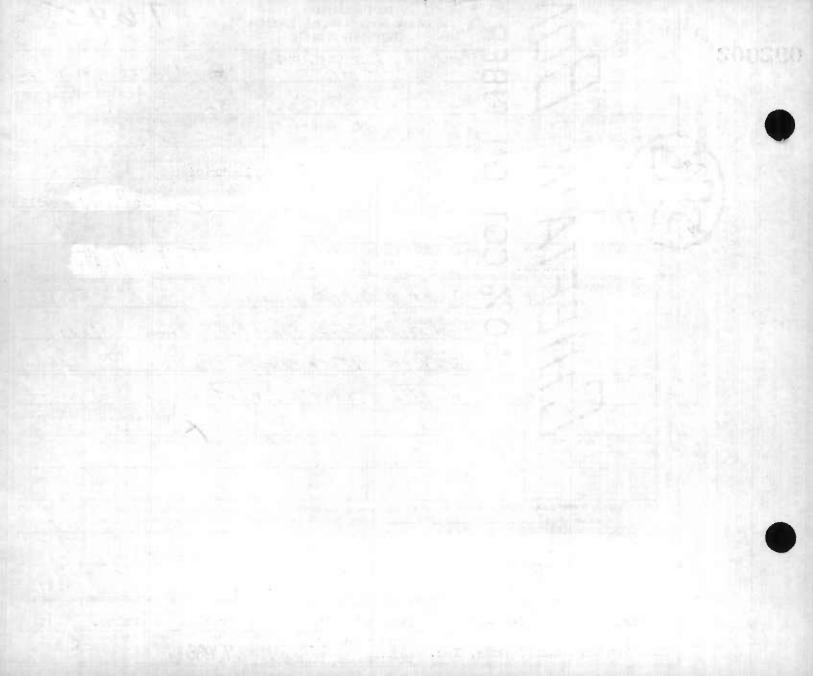
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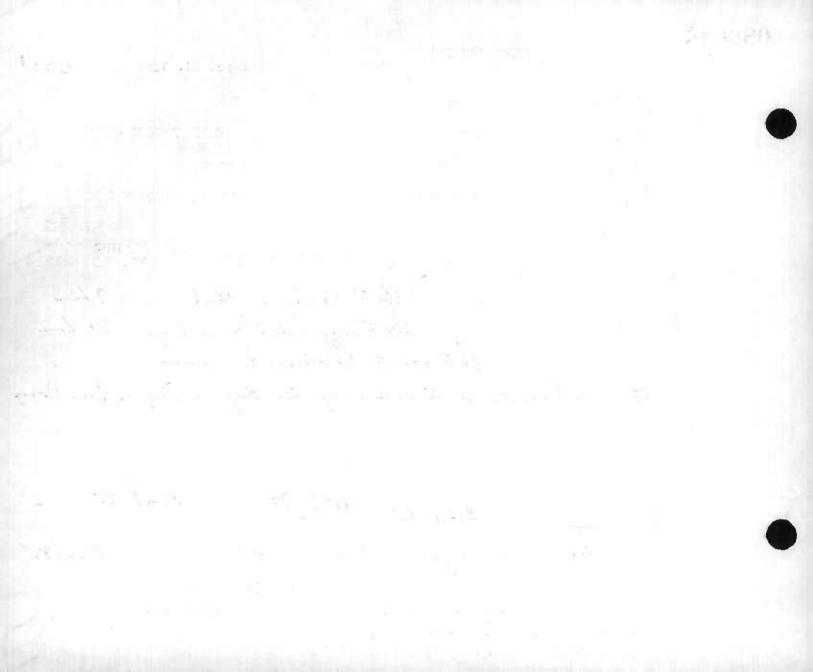
DEPARTMENT OF HEALTH AND MENTAL HYGTENE CEPTIFICATE OF DEATH

and and the	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	REC	6. NO.		
92002			RALD /		EUGENE	He	HEFFNER,	SR.	20 DATE OF DEAT	Merch	25 1985	26. HOUR 1/38 AM
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1 100	1	YAS DECEASED EVER Yes	Kore	an	195-2	SECURITY NO. 26-0544	Mary F.	Heffr		PRESIGNV ostead,	'MD 210	74
oth certificat ending physic contonication in or removal matric event,		PART L DEATH W				FOUENCE OF	bast !	Urem	112		BETWEEN / C	MATE INTERVAL ONSET AND DEATH
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SC PHYSIC orthording the this can be and Meni-	MEDIC	214 INJURY OCCURS	ED	21e. PLACE	OF INJURY	FFICE FARM, ETC)	21f LOCATION STREET		CITY	DR TOWN	COUNTY	STATE
ATTENDIP respected or FECTOR. As ed for use of or of health		220.1 certify that (1) saw the decrease above, (1) (we) (d	d alive or			19		19 r) apinion o	, to death occurred an th	e date and ha	ur and from the	that (I) (we) lost causes stated
SPITAL OR NERAL DIS NERAL DIS No describ S State Dis		Due	ML TIME	LINI)	Dh	0	ATTE	NDING SICIAN	MEDICAL DIRECTOR PH	STAFF	3/	25/85
10 HOS retained 10 FUN shauld it	73a. t	Duan		mool 23b. DATE		131 NAME OF C	22 EMETERY OR CRE		23d LOCATION	Balte	by Mel.	2/20/
BP		Burial UNERAL DIRECTOR		3-28-8	35	Garden	of Faith	195- DATE	Overle	ea	Balto.	MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		ck Towson	Funer	al Home	e, Inc.		York Rd.	1 124	R 2 7 198	_ 4 0.	DRAM LOCA	-Acadelle



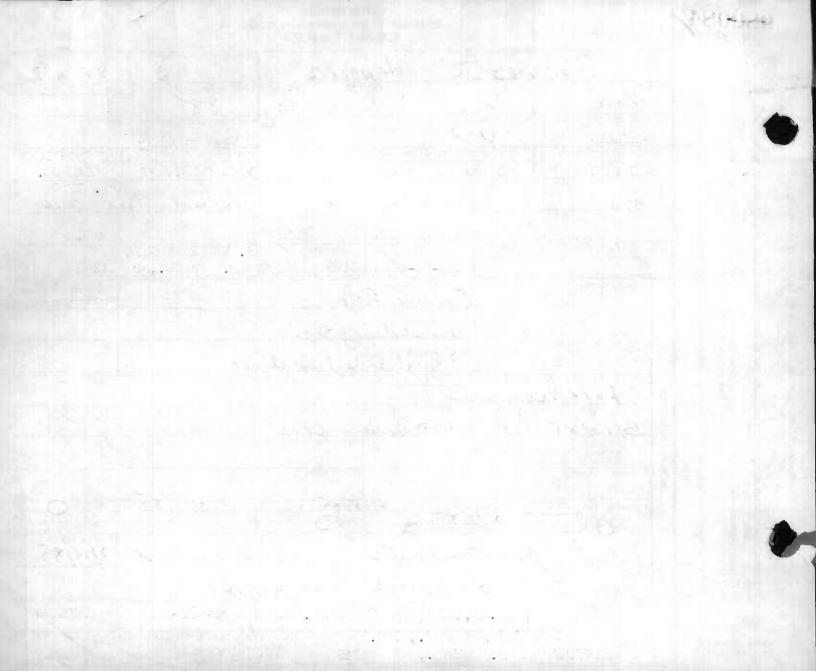
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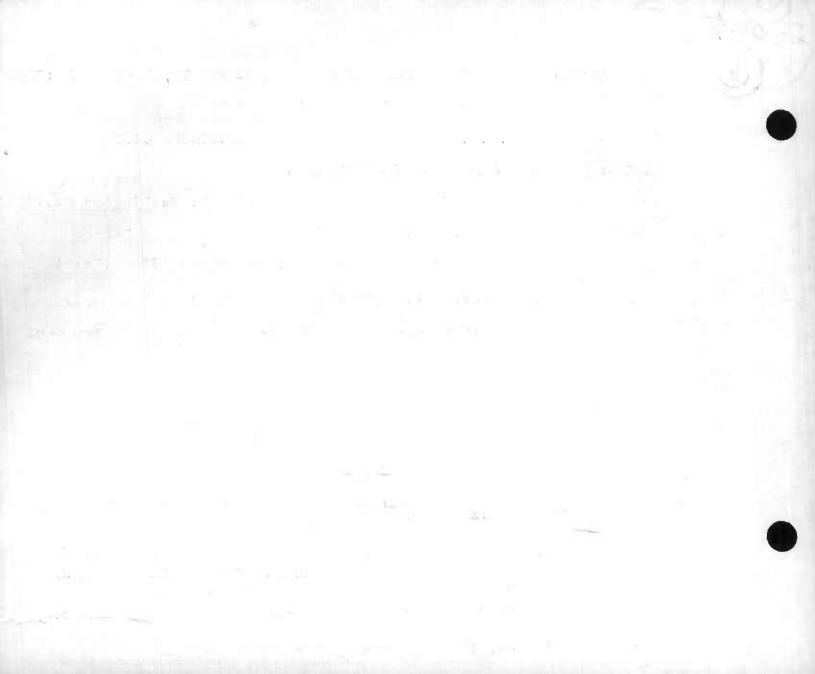
		CEASED NAME FIRST	(AKA ANNIE)	LAST	20. DATE OF DEATH MONTH O	AY YEAR 26 HOL
/	(TYPE	E OR PRINT) ANN	A	HEISS	March 21, 1985	6:2
	3 SE		4. RACE	FEB. 28 1890		IF UNDER I YEAR IF UNDER
	70 BI	FEMALE IRTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH
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r must be	130. S	MD.	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13¢ CITY OR TOV BALTIMO	ORE YES K NO	13e STREET ADDRESS / ZIP CODE 117 S. CURLE	Y 21224
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medico	16a V	MAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES, A	ARMED FORCES? 166. SOCIAL SECTOR SILVE WAR OR DATES) 212-24			TURA COUL . A3 212 APPROXIMATE INTE
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jene prior to buriol, cremotian, or r haws any injury, or other troumatic	RTIFICATION	Canditians, if any, which gave rise to immediate cause (o), stating the underlying couse last. PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 19e DATE OF OPERATION	DUE TO, OR S, A CONSEQUE (c) MENSO T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM TO PERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USEI
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Dept. of Health and Mental Hygiene prior to burial, cr If Hem 21 is marked ar Hem 18 shaws any injury, or oth		gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER, NOTIFY MEDICAL EXAMINATION) 210. INJURY OCCURRED WMILE ALWORK OF WHILE ALWORK 270.1 certify that (I) (this has saw the deceased alive above, (I) (many that (did)) 27b. SIGNATURE	DUE TO, OR S, A CONSEOU (c) LICENSE T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH DEATH HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. Spirital) attended the declased from an annual view the bady after death. Bradley	DEATH BUT NOT RELATED TO THE TERM TO PERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET And that in (my) (and apinian in DEGREE	286 AUTOPSY? 20K F YES, IN CERTIFY YES NO YES	WERE FINDINGS USE (ING CAUSES OF DEA) NO [
ept. of Heolth and Mental Hygiene prior to burial, cr them 21 is marked ar them 18 shaws any injury, or oth		gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHY MEDICAL EXAMITY AND COURRED WHILE NOT AND COURSE WHILE NOT WHILE AND COURSE 27a. I certify that (I) (this has saw the deceased alive above, (I) (mail this (Id) (Id) (Id) (Id) (Id) (Id) (Id) (Id)	DUE TO, OR S, A CONSEOU (c) LICENSE T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH DEATH HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. Spirital) attended the declased from an annual view the bady after death. Bradley	DEATH BUT NOT RELATED TO THE TERM TO PERATION WAS PERFORMED 21t HOW INJURY OCCURR 19 21t LOCATION STREET ATTENDING PHYSICIAN 27e ADDRESS	28 AUTOPSY? 28 Y YES, IN CERTIFY YES NO PER NATURE OF INJURY IN ITEM 18 PA CITY OR TOWN The state of the st	WERE FINDINGS USE (ING CAUSES OF DEA NO [NRT I ORPART 2) COUNTY 19 , that (h) (and from the causes st



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR FEED TO THE CHIEF MEDICAL EXAMINER PROMIT. PAGES FEEDFARRMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF PROMITO, OR REMOVAL.	7	Canditions, if gave rise to cause (a) static lying cause los	immediate ng the <u>under-</u> it.	Y: CAUSE (o) DUE TO, OI (b) DUE TO, OI	Thorac R AS A CON R AS A CON	co-abdo Sequence o Sequence o	F							BETWI	PROXIMATE EEN ONSET	INTERVAL
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L EXAMINER: THI BECRIFICATE, WOULD BE FORWA OULD BE FORWA H, WITH THE STATH,	3		t I taak charge o	of the remains de	Oad escribed abor A <u>ccident</u>		A <u>utops</u>	Homic TITLE (S D. ASS	istant	Undeterm MEDICA	L EXAMIN	ner,	DATE SIGNI	_{ED} 3-	30-8	
TO MEDICA EXECUTE TH PAGE 4 SH A TO FUNER PAGE 8 SH TO FUNER BALTWOOF		EXAMINER'S NAM (TYPE OR PRINT) _ IRIAL, CREMATION		. Dixon		NAME OF CEM				nn St.		lto.,			201	
BP	Bi	PRIAL PRIAL INERAL DIRECTOR	4	1/2/85	ME	ADOWRI		MEM.	Plc.	EC'D. BY RE	MORE	25b REGIS	COU		mo	
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080084	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE DO 7 0 4 8 CERTIFICATE OF DEATH					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME BERN	WARD T	HENDZ.	EN	REG. NO.	DAY YEAR 26. HOUR 14 85 11 52 MM	
ours ofter earth foot mit in by the funeral director, poe filed within 72 hours after be natified at once.	3. SI	MALE ISTATE OF FOREIGN	CAUC	5. DATE OF BIRTH	1896 2 900		IF UNDER 1 YE AR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
		MARY LAND	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSII	MIDOMED	DIVORCED C	BALTIMORE CITY OR COL	ty MD.	
	USU		(IF NOT IN SUCH FACILITY, GIVE STREET SINAI ROTHER INSTITUTION, GIVE RESIDENCE BY OR	ADDRESS) E ADMISSION)		VICE PRESIDEN	T CREAM CO.	
ithin 24 tely filled 2 should must must		ATHER'S NAME	MIDDLE LAST	Total YES [THER'S MAIDEN NA		P/AZA 21201	
omple ex.		ISAAC WAS DECEASED EVER IN U.S. AI	NATHAN HEN	IDLER JRITY NO. 17 INF	BELLE ORMANT N	MRS. NAOMIDDPROS	SAĈHS	
N. The low requires that the death certificate be executying to the standard physician and accords been signed by the ottending physician and accords permit. Then please remove corbon papers. Pages 14 years prior to buriol, cse moniton, arremoval. 8 shows any injury, or other traumatic event, the medical		NO	215-05-	6236 610		ST RD. BALTO.,	MD 21209	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAHOUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	1	PERFORMED Clica	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
SICIA ng ph certifi riol-ri entol	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	N 18 PART 1 OR PART 2)	
or offending PHY:	MED	214 INJURY OCCURRED WORK AT WORK	Tie PLACE OF INJURY (a) HOME SHEET FACTORY OFFICE I	ARM, ETC)	CATION	CITY ON TOWN	COUNTY STATE	
HOSPITAL OR ATTEND ined by the hospitol FUNERAL DIRECTOR: vid be detoched for use whe Stote Dept. of Hee			tal attended the deceased from 19		(my (our) opinion	deoth accurred on the date and		
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR						
TO HOSPITAL retoined by the TO FUNERAL should be determent with the Store	23a	Report JEFFREY Breslin UND SIMAI HOSPITAL						
BP		(SPECIFY) BURIAL	MAR. 15,1985 CEVINSON & BROS.		LTO. LODO		COUNTYMARY LAND	
DHMH - 16 50M 4/83 (VRA 15, 4)			WN RD. BALTO.,		1 1 4 4 1	R 1 9 1985	Baudson-Rondale	





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REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINNE CERTIFICATE OF DEATH

DEC.	NO

	REGISTRAR		CLKIII	ICAIL OI D	LAIN	REG. NO).			
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	i	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOU	R
	Cora		Herbec			March 16,			6:40	
3.	SEX	RACE	5. DATE C	DAY	VEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER	24 HRS MIN.
	Female	White	MONTH 7	20	1889	95	YRS			
70	BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	MARRIE	D NEVERA	AARRIED 🗇	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
1	Indiana	U.S.A.	WIDOWE	DK Dr	ORCED	Baltimore				MD.
10	Baltimore	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Maryland Gen	STREET ADDRESS)		ITUTION	120. USUAL OCCUPATION HOME WORK FOR MOST OF HOME MAKER	F WORKING LIFE	17b. KIND C	F BUSINE	SS OR
13	SUAL RESIDENCE IF NURSING HOME OR	TY 13c. CITY OF	e BEFORE ADMISSION) R TOWN thorpe	13d INSIDE C	NO K	13e STREET ADDRESS /	ZIP CODE urne P	load 2	1227	
1	FATHER'S NAME FIRST UNKNOW	NODE LA	SI	15. MOTHER'S	MAIDEN NAM	NOWN		EAS	1	
16	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMA	NT	ADDRE	SS			
+	TYES, NO OR UNKNOWN) (IF YES, GIVE	220-0	3-5218	Doroth	y Humph	rey 8210 D	ogwood	Rd.	2120	7
	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) Pneumo	onia							
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN				nal disease or coni	DITION GIVE	N IN PART 1:	a	
4	Ovarian Carci No. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO X		WERE FINDING CAUSES		H?
	OR CONTRIBUTION CALLET OF OR ALL	HOUR A.M. MONT	H DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 PA	RT I OR PART 2)		
1	116 EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE AT WORK	71e. PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	Й	CITY OR TO	WN	COUNTY	S	TATE
	saw the deceased always goove, (Maye) (did) (Adam)		Irom March	2 and that in XX	_, 19 <u>85</u> (aur) apinian d	, taMarch eath accurred an the do	16,, 1 ite and have	and Iram the		
	Jan W. S	Revon.	mp.		TTENDING PHYSICIAN	MEDICAL STAR		3/1	6/85	
	Larry Eppers				arylan	d General H	ospita	al		
23	BURIAL, CREMATION, REMOVAL	23b. DATE	73c NAME OF C	EMETERY OR	REMATORY	23d LOCATION				TATE
	Burial	3/19/85	Loudon	Park C		Baltimore		Ma	ryla	nd
	FUNERAL DIRECTOR	ADI	2122	29	250. DATE	REC'D. BY REGISTRAR	31 1	2-0		
H	Hubbard Funeral Ho	ome, Inc. 410	7 Wilker	s Ave.	V.A	K 1 8 1985	21	Davidson	-Rand	182

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PEASE RECTOR. R. FILES. HOURS STREET,	3. SE	v	Tyrone	5. DATE OF BIRTH		16. AGE (IN YE		cks		DEATH MATE	D 3	19	1,85 YEAR	^	
	STR STR	3. SE	^		MONTH DAY	YEAR	LAST BIRTHD				C DATE	MONIF			2d HOUR	
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	THE FU THE FU AGE 5 PILED, V	1	ITY OR TOWN		11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE)								OR INDUSTRY			
	의 으로 없었는 의		Baltimo		Universit			SI	ĽU							
102	1. IF ANY D 2, AND 31 3. RETAIN 2 SHOULD I AL RECORD	USU.	AL RESIDENCE TATE	(IF IN NURSING HOME OF	R OTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE CITY LIMITS?	13e STREE	ET ADDRESS					
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S S	1, 2, W. 3,	14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE			LAST		
RE,	DEATH.		Garcia			Wri			Glori	.a			Ev	ans		
IMO	AFTER DE INFORMAGES I AI ISION OF	160.	WAS DECEASED	DEVER IN U.S. ARM			CIAL SECURIT		17. INFORMANT		ADI	DRESS				
BALTIMORE, MD.	A PAGE VISION A		NO, OR UNKNO			214	-64-6	118	Gloria	Evans	s 128 1	N. Mot	ınt	Stre	et	
	WIT. PIN		18. CAUSE O	F DEATH (Enter anl	y ane cause per line									PPROXIMATE WEEN ONSET		
SNS	A HO SNG ERW FERM		PARTIDE	ATH WAS CAUSED	E CAUSE (a) GL	unsho	t woun	d of	abdomen	Weapo	on:Unspe	cified	0.1		AITO DEATH	
STO	HIN 2 IL IN IT IL IN IT NSIT P L HYG				DUE TO, OR	AS A CO	NSEQUENCE	OF				1-1-5				
<u>a</u>	ENCIL II MINER TRANS TRANS OR REM			ns, if any, which se ta immediate	(b)											
× .	OR TRUE		cause (a) lying cau	stating the under-	, DUE TO, OR	AS A CON	SEQUENCE (OF								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	NO N			ET LETTY	(c)					- 101		YOF E				
RDS	904×44		PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH D	UT NOT REL	TEO TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P	PART 1 (a)						
8	PED BE DONNER MEDICAL MEDICAL CREMAIL CREMAIL CREMAIL CREMAIL CREMAIL CREMAIL MEDICAL	CERTIFICATION														
2	HOULD RD "PR HIEF A USED OF HE IRIAL,	CAI	190. DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				20	AUTOPSY?		
VIT	SHOUL ORD "P CHIEF SE USED SURIAL,	TE												YES .	NO 🗌	
0	THE CONTROLL OF THE CONTROLL O		LINDERLVING	L CAUSE WAS	216 TIME OF HOUR A.M.	MONTH	DAY YEAR	?	W INJURY OCCURR	ED (ENTER NA	TURE OF INJURY IN I	IEM 18 PART I OR	PART 2)	2473		
NO NO	CERTIFICATE SHATING THE WORDD TO THE CHEST SHOULD BE COPPARTMENT OF PRIOR TO BURN PRIO	MEDICAL	CONTRIBUTI	NG CAUSE OF D	EATH 12:12a		/19 19 85		bject sho	t						
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٥	WRI WRI VARD AGE ATE		AT WORK	AT WORK	x at h	nome		128	N. Mount	STreet	,Baltin	ore Ci	ty,	MD	31212	
	ATE. 1		220. I certif	ly that I taak charge	af the remains desc	ribed abo	ive, held an	Autaps	y Inspection	an .	Inquiry .	and in my	ninian			
	EXAMINER: CERTIFICATION OF DIRECTORS (WITH THE MARYLAND		death resulte	ed fram: Nature	al causes ,	Accident	. Su	icide .	. Hamicide	Undeter	mined manner					
	ERT DIRE WIT			Mari	- A	11/	0.0		TITLE (SPECIFY)							
	AL STATE		ACTUAL SIGNATURE_	MUM	we th	240	sell	<u>м.</u>	D Assistan	t_MEDIC	AL EXAMINER	DATE	ED 3	/20/8	35	
	EDIC THE TOP		EY AMINER'S	NAME M	argarita <i>P</i>	Vo	×011	M D	111						- 10 11	
	TO MEDICAL EXAMNER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND		EXAMINER'S	11/		1. NO	reii,	M.D.	ADDRESS	Penn	Street,	Balto,	MD 2	1201		
	EDZ Z Z Z Z	1.5	PECIEY)	TION, REMOVAL 23		23€. 1	NAME OF CEA	METERY OF	RCREMATORY	23d. LOC	ATION	cc	UNIY	517	ATE	
07/84 25M	BP		BURIAL		3/23/85	В	altime	ore (Cemetery	Bal	timore	2		Md.		
Zam	DHMH - 17		UNERAL DIREC		Inc . ADDRESS				25e. DATE	REC'D. BY R	EGISTRAR 25b.	REGISTRAR'S				
	(VR A15 ME (5))	W	m o ma	ICH F/H	Inc. 11	10.	E Nor	LU A.	ve. MAR	21 10	185	Luidson	~ Atos	delle		

STATE OF MARYLAND

executed within 24 hours

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and securities filled in by the standard be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and Enroll by that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

2/	1.	FOR STATE		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE S O	7655
12		REGISTRAR MARY	ESTHER	HILL	ICATE OF DEATH	REG. NO.	
10		CEASED NAME FIRST	MIDD		451	03-30-85	DAY YEAR 2b. HOUR
	3 5E)	MAR	4 RACE	THER H	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	3. 34.	FEMALE	WHITE		ST 26, 1903	81	MONTHS DAYS HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? &		9. BALTIMORE CITY OR COUNT	Y OF DEATH
2		NNSYLVANIA	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CI	TY MD.
40	10. CI	BALTIMORE	(IF NOT IN SUCH FA	SPITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS) S HOSPITAL		126 USUAL OCCUPATION TYPE OF MORE FOR MOST OF WORKING	
25	13e. 5	AL RESIDENCE (IF NURSING HOME OR 13b. COUNTY)	ITY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ATONSVILLE		13e STREET ADDRESS / ZIP COL 211 ROSEWOOD A	DE .
n	14 FA	ATHER'S NAME	MIDDLE	tast	15 MOTHER'S MAIDEN NAM	ANDDLE	LAST
20		CHARLES	M.	ZEPP	FLORENCE	ADDRESS	ZEPP
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	05-05-5361	J. DARRELL	HILL 211 ROSEW	21228 DOD AVE.
ייין טייי מיייפי וימטוומות פייפוזי	FICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR A: 1b)	S A CONSEQUENCE OF S A CONSEQUENCE OF STRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION OF	NIA.
1	IFICA	190 DATE OF OPERATION	196 CONDITIO	IN FOR WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{align*} \text{NO} \\
DISCOLUTION STATE OF THE PROPERTY OF THE PROPE	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHLY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK NOT WHILE Sow the deceosed alive an above, (1) (we) (did) (did no 22b. SIGNATURE	P.M. 21e. PLACE OF (AT HOME, STREET)	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) ecceosed from 3/ prodeoth 19, 50, or	211. LOCATION STREET 19 d that in (my) (our) apinion of DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN ABOUT A STAFF DIRECTOR PHYSICIAN	COUNTY STATE , 19 , that (I) (we) last
4 /		224 PHYSICIAN'S NAME		SUE, M.D	1220 ADDRESS	NES HOSPIT	-0.
1		VR - JI	nitrative and the contract of				177
1		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 4/2/85		STER CEMETERY	23d LOCATION CITY OR TOWN WESTMINSTER C	ARROLL MD.
33		ROYAM RUSSEL	L C. WITZ	KE FUNERAL H		REC'D. BY REGISTRAR 256. REGIS	

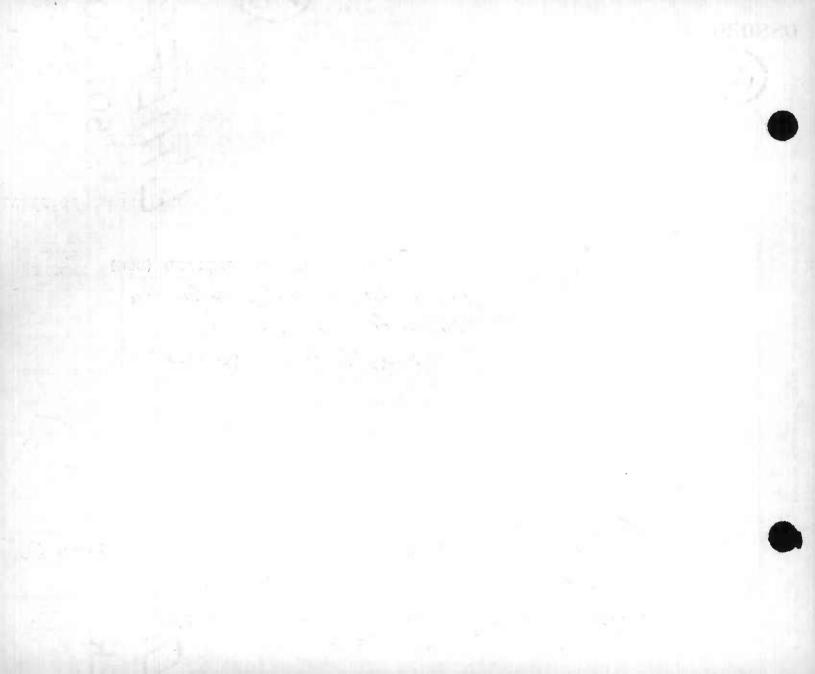
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BP DHMH - 16 50M 4/83 (VRA 15, 4)

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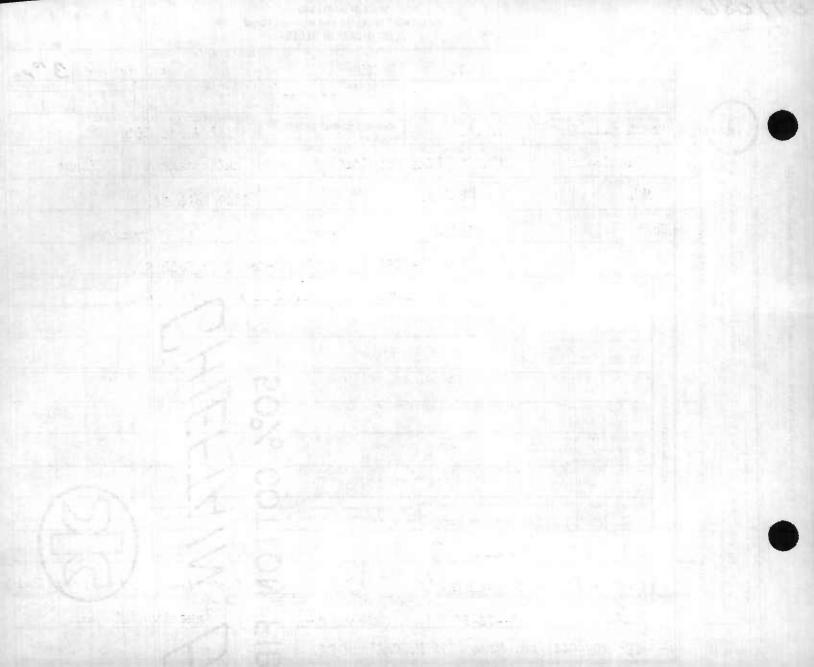
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8 82 91	7a. BIRTHPLA	CE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	□ NEVER	MARRIED -	9 BALTIMORE	CITY OR CO	OUNTY OF D	EATH		
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10		IMORE		HOSPITAL, NURSING STREET SCOTT				HOMEN	CUPATION OR MOST OF WOI VIAKER		KIND OF	BUSINESS OR	
AND 212	MD	DENCE (IF NURSING HOME O	ROTHER INSTITUTION NTY	136. CITY OR TOWN		13d INSIDE YES [CITY LIMITS?	13e.STREET AD 8233			HIA	RD.212	37
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E. A		HARLES CEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU		17 INFORM			ADDRESS				-
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the disciplination of the buriol-transit permit. Then please remove contaminations in mid 2 should be all the and Mental Hygiene prior to buriol, cremation, or empand.	Cond	USE OF DEATH (Enter of RT I. DEATH WAS CAUSI IMMEDIA itions, if ony, which rise to immediate to lo), stofing the	DUE TO, O	OR AS ACONSEON	NO CE	noce Or	udeat	m	faic		APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH	-
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TO HOSPITAL TO FUNERAL should be det with the State	1	DR. JOHN	G. OR			ST	. JOSEF	H MED		rer			
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DHMH - 16 50M 4/83	24 FUNERAL	SCHTMUNEK	FUNER	AL HOME	, INC	2121	25a. DATI	E REC'D. BY REC		REGISTRAR'S		IRE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) Nellie DEATH MATED 19 85 Hines 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE Mar. 28, 1936 Female RONOUNCED 4:39 Black 19 85 DEAD 70. BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, Virginia 10. CITY OR TOWN OF DEATH WIDOWED DIVORCED X IISA S. RETAIN PAGE 5 SHOULD BE FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Teacher School Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 3903 Cedardale Rd. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X NO Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Willie Taylor Georgie Garris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Omederdale Re (YES, NO, OR UNKNOWN) 229-46-0232 Cassandra Hines Balto. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY YEAR 7:40RM 19 85 subject was shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION WHILE WHILE AT WORK AT WORK 3900 blk. Cedardale Ave., Balto., Md. street TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, Autopsy X 22a. I certify that I took charge a premains described above, held an Inspection Hamicide XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3-10-85 SIGNATURE Gregory R. Kauffman, M.D. ADDRESS, EXAMINER'S NAME 111 Penn St., Balto., Md. (TYPE OR PRINT) 234 NAME OF CEMETERY OF CREMATORY
Caskins Chapel 236. BURIAL, CREMATION, REMOVAL 236 DATE SPECIFY) Burial 23d LOCATION Onancock Accomack. Va. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Whaten - Mccomac, Va. 23301 **DHMH - 17** (VR A15 ME (5))

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se 4 may b		3. SE	Male	4. RACE Bla	ack	S. DATE C		33	6. AGE (IN YEARS LAST BIRTH	DAY) IF I	INS DAYS	IF UNDER 24 HRS
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The lovicion.	7	RTIFIC	21g. ACCIDENT WAS UNDERLYING	21b. TIME C			Tel Howe		YES NO	IN CERTIFYIN		OF DEATH?
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O HOSPITAL TO FUNERAL should be det with the Stote MACDIANT.			COLAB	4000	cord		3300	0 11.	Calbe	X5+	130	1/021
BP			surial, cremation, remov, specify) Burial	316	77.30		EMETERY OR C	m.	23d LOCATION CITY OF TOWN ANNE			STATE
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re corbonpopers. Poges

should be detoched for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR. After this cert ficate has been

injury, or other troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO)	
I. DECEASED NAME FIRST	MIDDLE		TAST		MONTH DAY YEAR	2b HOUR
(TYPE OR PRINT) Margar	et E.	Но	arty	March 20	1985	6:00Am
J. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
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O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? B.	ED NEVER MARRIED	9. BALTIMORE CITY O		4.10
Md.	U.S.A.	WIDOW		Baltin	more City	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATE	ON 12b. KIND	OF BUSINESS OR
Baltimore		ison La	ne 21206	Supervis		. Store
USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE NTY 131. CITY O		134 INSIDE CITY LIMITS?	134 STREET ADDRESS	ZIP CODE	
Md.		timore	YES 🔀 NO 🗌		ddison Lar	ne 21206
14. FATHER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA	ME	1	AST
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160 WAS DECEASED EVER IN U.S. AI	VE WAR ORDATES!	L SECURITY NO.		ADDRE	⁵ 204 S. Hi	lltop R
no	215	-10-649	1 Joan Youn	g (niece)	2122	
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AT WORLD	ital sittended the deceased				19	
27x 1 certify that II) this has saw the demased allow above. (I we I do I sud	of Director that boths after death		and that in (my) (our) opinion	deoth occurred on the de		e causes stated
276 SIGNATURE	uen		DEGREE ATTENDING	MEDICAL STAI		E SICHED
22d. PHY LIAM'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHISIC	TAN-	
Dr. Lui	s E. Rivera		5317 Be	elair Rd.		
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
Burial	3/23/85	Holv	Redeemer	Balti		Md.
24 FUNERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR		ATURE
2221 Decker	s Lane, Bal	bM o+	21213 MAF	2 2 1985	vidson-18	anda DO

Brehms Lane, Balto. Md. 21213

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

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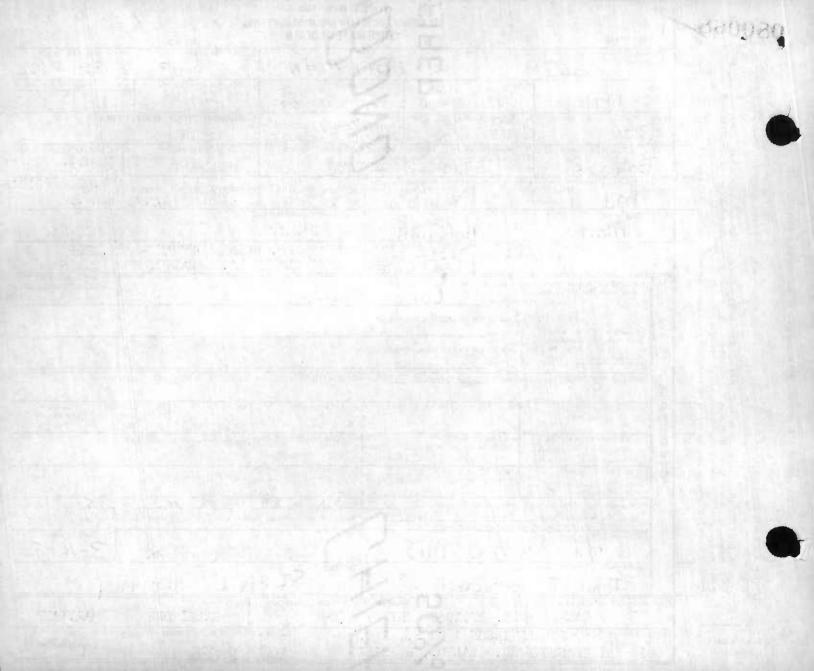
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RECORDS, 201 W. PRESTON ST	EXEC NG CAL A AN WATI		PART 2 OTNER SIGNIFICA	INT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	EO TO THE TERM	NAL DISEAS	OR CONDITIO	N GIVEN IN PAI	RT 1 (a)						
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	TO MEDICAL EXAMINER; TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2				. Dixon, I				ADDRESS_			St.,	Balto)., N	1d.	2120)1
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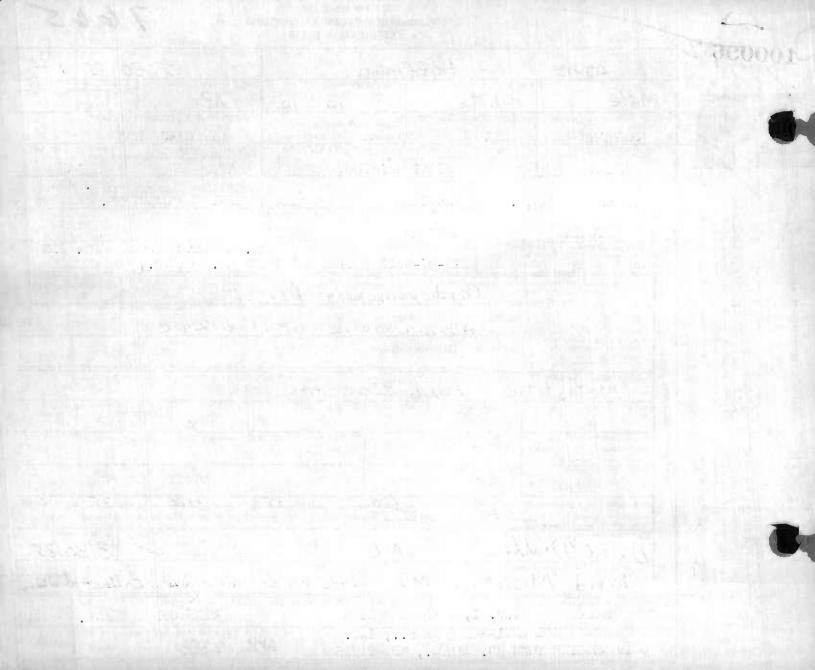
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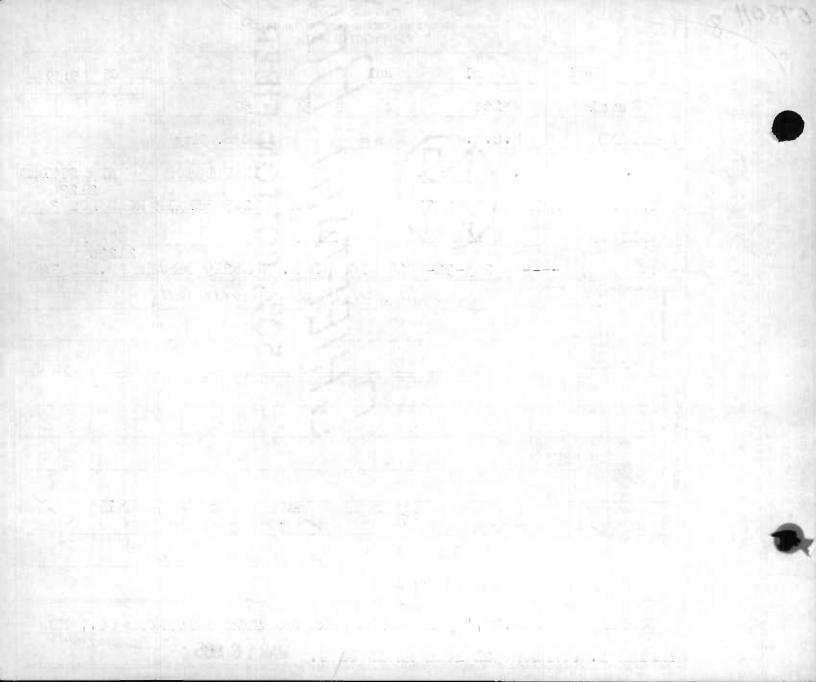
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	3. SE		4 RACE	casi'on n	5. DATE C	DAY YEAR	6. AGE IN YEARS LAST BI	RIHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
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oy the fu	10 C	Baltimuse	(IF NOT IN 5	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET SINAIL		ROTHER INSTITUTION ITAL	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST MERCHAN'	OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY RETAIL
ND 212	USU. 13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CC		Batin	VN	13d. INSIDE CITY LIMITS?		/ ZIP CODE	APT. 206 #2121:
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MAR ed will and in		Morris	WIDDLE	Hoff ma	N	FÄNNII			URÖTSKY
be execut on and co	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECTION	32-525 2-95%	1 3601 CLAF	RKS LA. BA	MAN - A LTO, MI	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physicion and campletely filled in by so she burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be file that and Mental Hygiene prior to burial, cremotion, or removal. orked or them 18 shows any injury, or ather traumatic event, the medical examiner must be no orked or them.	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	(b) DUE TO,		DENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CON		N IN PART Tra
IL REC	CERTIFICATION	140 DATE OF OPERATION	IVB. CON	DITION FOR WHICE	HOPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	ING CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate has build-trionally and Mental Hygier don them 18 show	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY OFFICE.	19	211 LOCATION STREET	URRED (ENTER NATURE OF INJ		RT I OR PART 2) COUNTY STATE
DIVI TTENDING pital or att TTOR: After for use as the for use as the for use as the for use as the for use as the		WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	on_3-16	-85 19		13-55, 19_8 d that in (my) (our) opini		161 date and hour	9
PITAL OR A by the hos by the hos educated of detached State Dept.		226. SIGNATURE	Southe	o mo		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	CIAN	3-16-83
HOS bined FUN The		John T	South	erw		SE ADDRESS SE	IAN	Hospi	tar
PP		BURIAL, CREMATION, REMOV				EMETERY OR CREMATOR AMUNO	23d LOCATION CITY OF TOWN	MORE	COUNTYMARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR SOI		ON & BROS BALTO., MI			AR 1 9 1985	25b. REGISTR	RAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR Hoffmar 40015 IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 6. AGE TIN YEARS LAST BIRTHDAY) 3: 5EX YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BRITHPLACE | LITATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED COUNTRY MARYLAND USA DIVORCED BALTIMORE CITY WIDOWED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ATTORNEY BALTIMORE SINAI HOSPITAL AT LAW USUAL RESIDENCE AT THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 413 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2331 OLD COURT RD. #21208 MARYLAND BALTO BALTIMORE YES 🗍 M. FATHER'S NAME MIDDLE **HOFFMAN JENNIE** LEVIN WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. ANGELADRHOFFMAN APT. 413 LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 215-07-6312 2331 OLD COURT RD. BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY: Gralopulmonas IMMEDIATE CAUSE (a) Heart Disease Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **71h. TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive an. __, and that in (my) (aur) opinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 2435 W. Belvedere Ave. Balto, Md 21215 236 LOCATION 23e. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY ROSEDALE | SPECIFY) BURTAL 'IAPR. 1, 1985 HAR ZION SOL LEVINSON & BROS... INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 , - wasuneson- Handalle 6010 REISTERSTOWN RD. BALTO., MD (VRA 15, 41



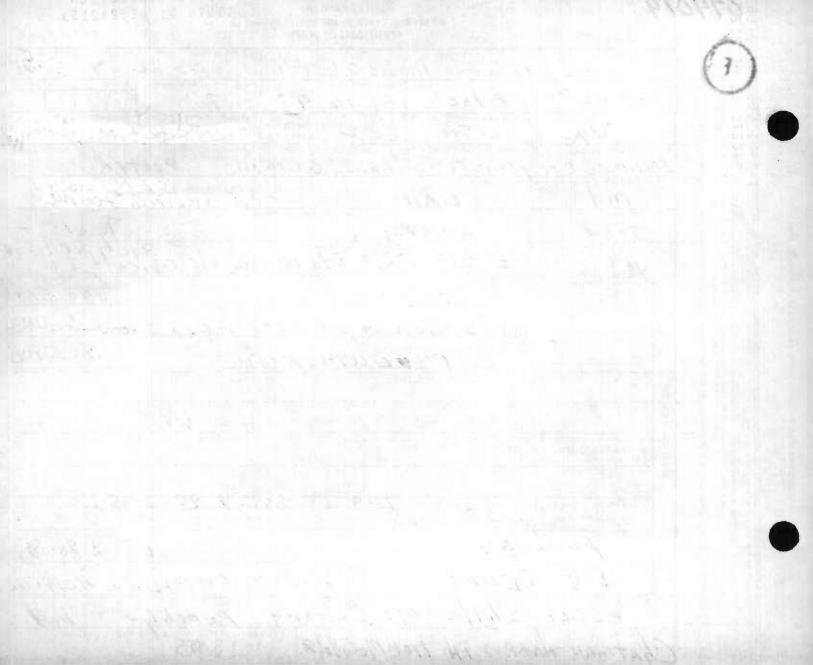
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8	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.).
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40	10. CI	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF INSTRUCT)	ON 12b. KIND OF BUSINESS OR INDUSTRY
35	ISU,	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N. \$13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	07.00/
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Poper Con		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE:	
		NO (IF YES, GIV	15-32-6	824 MICHAEL L.	HOL8219 B	ELAIR RD.LOT 3A
mt. High	9	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), and D BY:	1	. Poratr n	APPROXIMATE INTERVAL
rending of e corbon, on, or rem		IMMEDIAT	TE CAUSE (a) WOOL N	ons mig in the	70 ,000	
		Conditions if any which	DUE TO, OR AS A CONSEQUE	NCE OF		
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hen pied to taviol	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 110
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \cap \cap \cap \cap \cap \cap \cap
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Setouthed T. W. Nem		776. SIGNATURE YUMSUO!	tave dulia,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
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99 6	23o. B	URIAL, CREMATION, REMOVAL	23b DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	LOUNTY CLATE
2838			23b DATE 23c. N	RRAINE PARK CE	METERY BAL	TIMORE CO., MD



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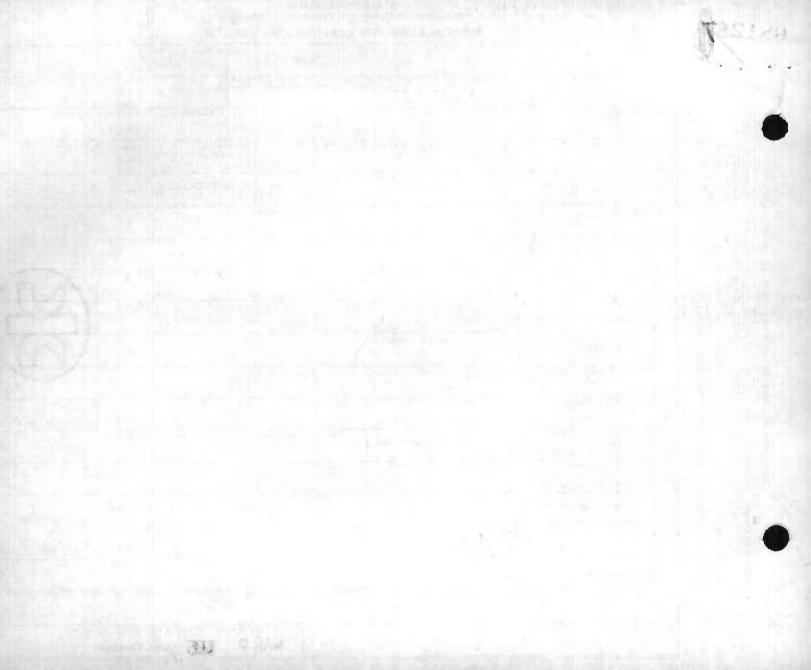
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TO HOSPITAL TO FUNERAL Should be deta		D. 11.	REDDP NORTH CHARLE	& HOSPITA
with With	220	BURIAL, CREMATION, REMOVA	0-2	- Ji Colf Cak
ВР	230.	(SPECIFY) BURIAL		OUNTY STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)	/	LATMAN -H	ARRIS FUADORESTOI McCallol A. MAR 13 1985	
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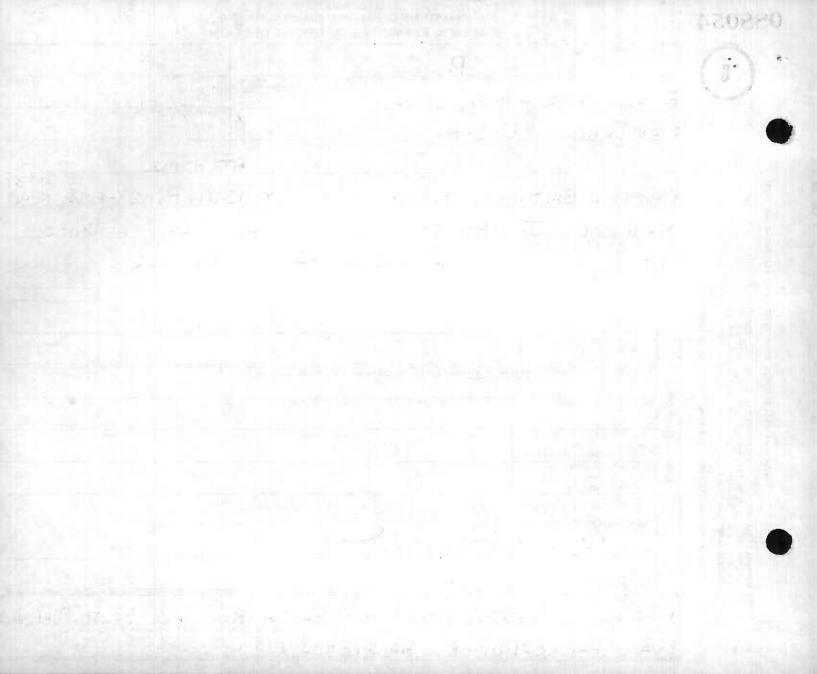


STATE OF MARYLAND

081287	1 - STATE REGISTRAR		/8/85 mt	DEPARTA	STATE MENT OF HE XAMINE	OF MAR ALTH AI B'S CER	TIFICATE	HYGIEN	IE 5	0 7	7 6	1	
	DECEASED NA		2a 5/21/85	D.	#603 - -	LAST	mes.	OI DEA	2a DATE KN	311- 21	ONTH DAY	YEAR 19 85	2b. HOUR
E NECESSARY, PEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS.	Male	Black	S DATE OF BIRTH	57	6 AGE (IN YEARS LAST SIRTHDAY) 27 YRS.	IF UNDER	1 YR. IF UND	ER 24 HRS MIN.	2c. DATE PRONOUNCE DEAD		B/ A/	YEAR 1985	24 HOUR 12:45 P M
S NEGESS, FUNERA 5 FOR 5, FOR 9, WITHII	7a. BIRTHPLACE FOREIGN COUNT	MD	76 CITIZEN OF W	USA	V	VIDOWED		RCED 🗆		nore Ci	ty,		MD
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BALTIMORE, MD. 21201 S AFTER DEATH. GIVE PAGES 1, 2 TITH FORM PM. 3 PAGES 1, AND 2 3 VISION OF WITAL RECO	130. STATE ME	136.000	NTY	Bal	timore	13d.	INSIDE CITY LIMITS ES MO MOTHER'S MA		6 N.	Centra	al Ave	2:	1202
NORE, M R DEATH AGES 1, RM PM 1 AND 2	Alvi		MIDDLE	Holme	AST S IAL SECURITY N		Mary	IDEN NAME	MIDDU	Ca	aldwe	11	
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DIVISION OF VITAL RECOR S CERTIFICATE SHOULD BE ED RITING THE WORD "PENDIN RDED TO THE CHIEF MEDIC ES 3 SHOULD BE USED AS A I E DEPARTMENT OF HEALTH OI PRICE TO BURBAL CREM	210. EXTER	OF OPERATION NAL CAUSE WAS NG OR ITING CAUSE OF	21b. TIME O	F INJURY A. MONTH	DAY YEAR		ERFORMED?	RRED LENTER !	NATURE OF INJURY	IN ITEM 18 PART 1	Y	UTOPSY?	№ []
DIVISION THIS CERT WARDED TO PAGE 3 SHORT DE P	21d INJUR WHILE AT WORK	NOT WHILE AT WORK		OF INJURY TORY, FARM, ETC		21f. LOCATI STREET		18/1	CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM A TO FUNERAL DIRECTOR: A FTER DEATH, WITH THE ST		S NAME	aral causes .	Accident	e, held an Suicid	e,	X, Inspec Homicide TITLE (SPECIFY) ASSISTS	Under	Inquiry Ermined manner	r X.	ATE	/5/8	5
07/84 BP/069	(SPECIFY) Crem	ation, REMOVAL		[23c. N	AME OF CEME ESTVIE	ERY OR CR	EMATORY n. Pk.	23d. 10 CITY	Baltim		COUNTY	sta MD	
DHMH - 17 (VR A15 ME (5))	Wm . C	March	F/H 110	1 E.	North	Ave		AR 6	REGISTRAR 2	Sh REGISTRA			-



OS	88054	It	ems 18-22a 5/6/	85 mtb F#603	STATE OF N	ARYLAND AND MENTAL HYG	IENE -	7 0	7 2
UC	30034	1-	STATE Item Part 2 REGISTRAR Mtb 5/9/85	F#603MEDICALE	XAMINER'S C	ERTIFICATE OF D	EATH REG. N	0.	
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•	BASE 20	3	ARYLAND	U. S. A.	WIDOW	_	Baltimor	e City,	MD.
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TIM	PASS SES	/IY	S, NO, OR UNKNOWN) (IF YES, GIVE)		-0 7 F 03	-	^		
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15	WAY WATER		PART I DEATH WAS CAUSED	[V[C] [][C][]	e intoxica	ition		В	BETWEEN ONSET AND DEATH
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Sion	PAR TO	MEDICAL	CONTRIBUTING CAUSE OF D	P.M. 21e PLACE OF INJURY	19	CATION			
N N	THIS CERT WARDED PAGE 3 SH TATE DEP/ 21201 PR/	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC) S	TREET	CITY OR TOWN	COUNTY	STATE
	INER: THIS CERTIFICATE SICATE, WRITING THE WC F FORWARDED TO THE (F TOR. PAGE 3 SHOULD BI THE STATE DEPARTMENT AND, 21201 PRIOR TO BI		AT WORK AT WORK			France Control of the			
	AND SATE	- 19		e of the remains described above	held an Autop	y XX Inspection		nd in my opiniar	n
-	AAMI RTIFI D BE RECT MITH RYL		death resulted your Nature	ol courses DE Accident L	Suicide L		ndetermined manner		
	WAY SEE		ACTUAL Meline	with Dones	h Mus	Assistant ,		DATE	3-21-85
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	-	SILNATURE	1	M.	D. <u>-10010</u>	MEDICAL EXAMINER	SIGNED_	
	THE PERSON		EXAMINER'S NAME DET	nnis F. Smyth,	M.D.	ADDRESS 111 Pe	enn St., Balt	o., Md.	21201
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a. B	JRIAL, CREMATION, REMOVAL 2	3b DATE 23c. NA	ME OF CEMETERY O		d. LOCATION	COUNTY	STATE
07/B4	108	B	URIAL	3-25-1985 GF	1ROSOS O	FFATH!	ROSEDALS	BALT	O-17ARYAM
25M	DHMH - 17		INERAL DIRECTOR	ADDRESS	8800	A .	D. BY REGISTRAR 256 REG	ISTRAR'S SIGN	ATURE
	(VR A15 ME (5))	13	rans CHAPSLO	F [] 2 MORISS	HARFORD	RO- MAR S	6 1005	Miller	12. 2 20



U. S. A. British City

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	11-	FOR STATE	D		HEALTH AND MENTAL HYG	GIENE O	0,0	
6	1	REGISTRAR CEASED NAME FIRST	MIDDLE		FICATE OF DEATH	REG. NO		26 HOUR
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à Pay	3. SE	Mary	Isabelle 4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 H
200		Female	White	Ava	g. 14 1895	89	YRS DAYS	HOURS
death. Page funeral direct thin 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY O		
by the fur filled within		ty or town of DEATH altimore	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120. USUAL OCCUPATION STE	@@@PIET CINDUSTRY	F BUSINESS lomes shing
24 hourst be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR ITATE Md . 136 COUN	OTHER INSTITUTION, GIVE RESIDENTY	OR TOWN CIMOTE	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS / 700 Argor	ZIP CODE 2	1218
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icion and car icion and car sers. Pages V the medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	-30-5016	17 INFORMANT Cecilia Ho	ADDRE	700 Argonne	Drive
death certificate attending physic nave carbanpape otian, ar remaval, traumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which	D BY: TE CAUSE (a) DUE TO, OR AS A CO	vaj a come		Buction	20	days
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH 2b. HOUR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore (itu Home Maker 13e STREET ADDRESS / ZIP CODE 2719 E. Fayette St. -21224 Mrs. Marie (. Beck - 2805 Orleans St. -21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

STATE

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

//HOSPITAL/CORPORATION

John C. Miller Inc-6415 Belain Rd.-21206

250. DATE RECYD. BY REGISTRAR 250. REGISTRAR'S SIGNATURE an like one-promotelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR

DECEASED NAME

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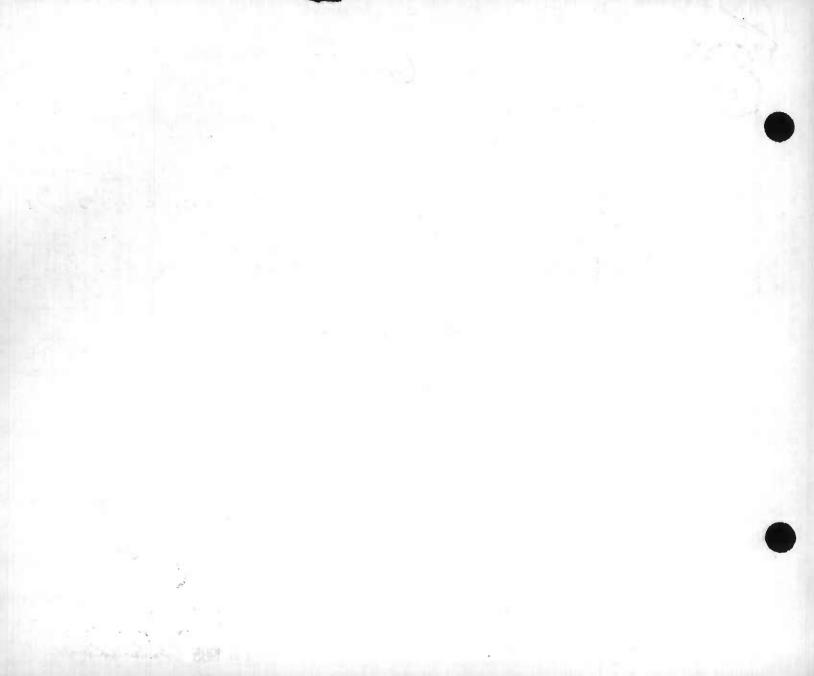
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RECTOR: After red for use as 1 pt of Health o em 21 is mark		22a.l certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did nat) 22b. SIGNATURE	3-7-		n death occurred on the d	ote and hour and from the causes stated 22c. DATE SIGNED
TO FUNERAL DI should be detach with the State De IMPORTANT: # IN		22d. PHYSICIAN'S NAME (TYPE OF		A D ATTENDING	MEDICAL STA	
shauld b	23a B	JURIAL, CREMATION, REMOVAL	SHAH-	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	
SP.	1	BURIAL	3/14/85	Garrison Forest	VA Owings	M ill's, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAR 1 2 1985 Line Devideon Pandalle

Wm C March F/H Inc. 1101 E North Avenue MAR 1



DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

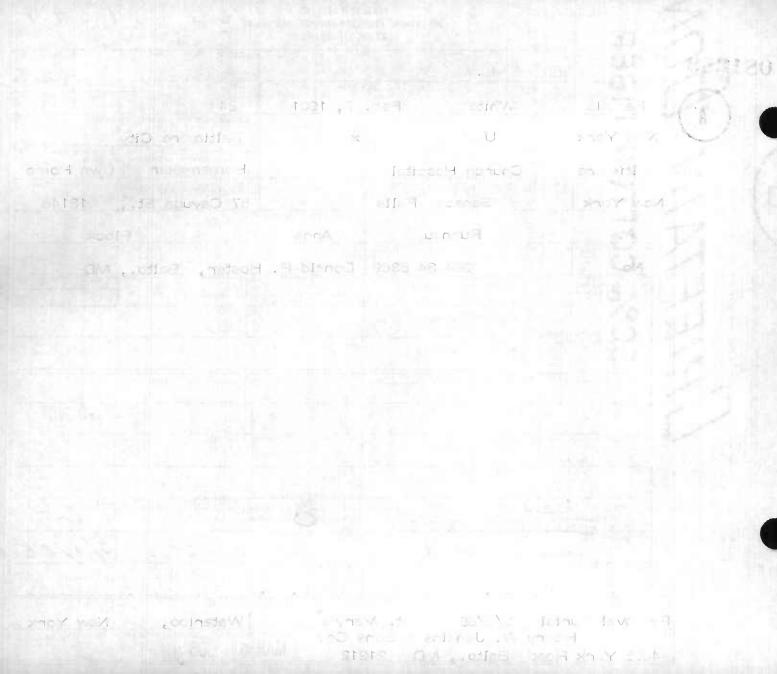
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004000		CEASED NAME FIRST	MIDDLE	LA	ST	1	O. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
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d will	,10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		R OTHER INSTITUTIO		TO USUAL OCCUPA			OF BUSINESS OR
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24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., MD



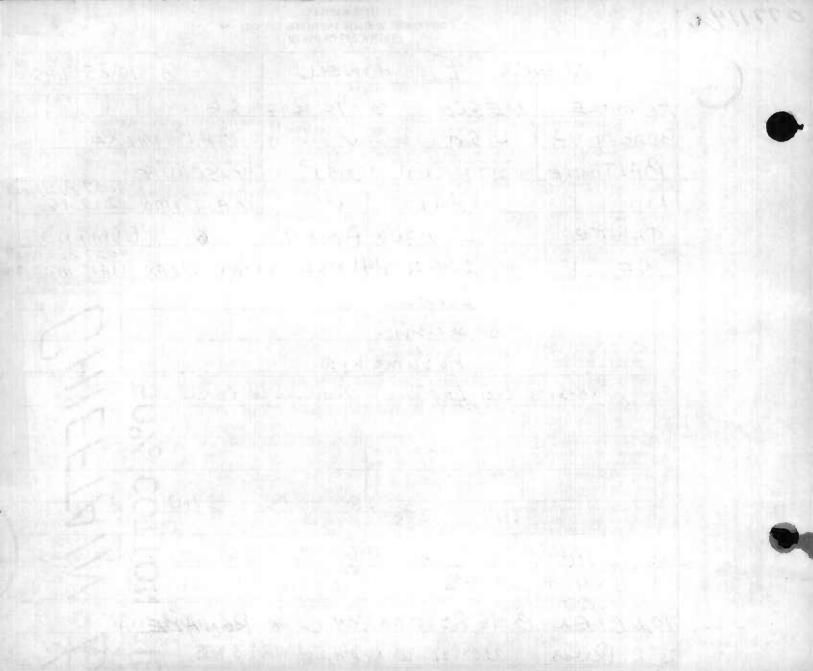
STATE OF MARYLAND



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T	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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BP.	23a 8	URIAL, CREMATION, REMOVA	1 23b. DATE 3-16-85 C	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR 10W	COUNTY STATE
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edicoles ond		ES. NO OR UNKNOWN) (IF YES, GF	AMED FORCES? 166 SOCIAL SECU	PRITY NO. 17 INFORMANT Robert C.	ADDRESS Huber (Fat	Same as above		
tending physicion e carbanpapers. P on, ar remaval. Jmatic event, the m		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), on ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQU	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
burial, cremation,	-	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		ENCE OF 20 Here - 5M	MINAL DISEASE OR CONDIT	ION GIVEN IN PART To		
shaws any inju	CERTIFICATION	h(a	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 26	DI. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
riol-transit tental Hygin	MEDICAL CER	2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D. P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 ORPART 2)		
After this e as the b olth and A norked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a L continue that (1) (thus have	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I ital) ottended the deceased from _		CITY OR TOWN	COUNTY STATE		
etached for us ite Dept. af Hee T: If Item 21 is r		saw the deceased alive or		DEGREE ATTENDING		22c. DATE SIGNED		
TO FUNERAL should be deter with the State IMPORTANT: I		221. PHYSICIAN'S NAME (TYPE	- V	220 ADDRESS	5. (ha	~ les 5+.		
. , 2	1	urial, cremation, removal specky) Burial		NAME OF CEMETERY OR CREMATORY t. Lincoln Cem.	23d. LOCATION CITY OF TOWN Brentwoo			
- 16 50M 4/83		INERAL DIRECTOR	Inc. Mt. Resi		TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE		



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FOR

- STATE
REGISTRAR

DEPAR

STATE OF MAKTLAND	. 10		57%	7		.73	
TMENT OF HEALTH AND MENTAL HYGIENE	Ö	2	U	/	0	0	
CERTIFICATE OF DEATH		DEC NO					

MAR #3 (1888) guin bundon Andrea

- 1		REGISTRAR						REG. N	0.				
				WIDDLE		LAST		20 DATE OF DEATH	HIMOM	DAY YE	EAR	26 HOU	IR >
	litre	Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Baltimore UAL RESIDENCE (# NURSING HOMM) STATE Maryland FATHER'S NAME FIRST Blane	ld	W.	F	Iughes			3/7/8	85		P	M
	1.50		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1		IF UNDER	
	190	Male	Whi	.te	MONIE 1	i Bay	ĬÔ	74	YRS.	MONTHS	DAYS	HOURS	MIN.
			76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AABBIED	9 BALTIMORE CITY	_		TH		
5			US	SA	WIDOWE		VORCED	Baltimo	re Ci	ty i			MD.
2	1.733		I IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET AVE	ADDRESS)	21211	NOITUTION	120 USUAL OCCUPAT				F BUSINE	SSOR
5	130. S	STATE 136 C	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltin	N	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2008 Gira	/ ZIP COD rd Av	e.	212	211	
-	I4 FA	FIRST	MIDDLE	Hughes	5		MAIDEN NA FIRST NNa	WIDDIE		Hof	man	'n	
		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	S. GIVE WAR OR DATES)	184-10-5		Dorot		ghes 2008 G		Ave.	2	2121	1
		PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a)) MACULE My ocardial Infarction - Death											DEATH COLV
		Canditians, if any, which	D UE 10, C	IN A TONSTOUT	NCE-OF	Periph		sculor Disg			20	yes	+5
	8	gave rise to immediate cause (a), stating the underlying cause last	DUE TO	THE AS A CONCEOUS	NCE OF	Mala		cer Dise	row	2 0	uki	nor ?us	us
	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR CON	IDITION GI	IVEN IN PA	RT IIo		
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE F IFYING CA			TH?
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	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	N	CITY OR TO)wN	COUN	ITY	S	STATE
		22a.1 certify that (I) (final saw the deceased alive, (I) (www.hidstdi	e on 194	14-7 19 8	Apro	nd that in (my)	, 19 56 (apinion	ta NA O VC		., 19 85 our and fran		that (1) (causes str	last ated
		226 CHATURE	Sing	Derug	M,	DEGREE	ATTENDING >	MEDICAL STA	IFF CIAN []	3	DATE S	SIGNED	5
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		BURIAL, CREMATION, REMO				EMETERY OR		23d LOCATION		COUNTY			TALE
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave.

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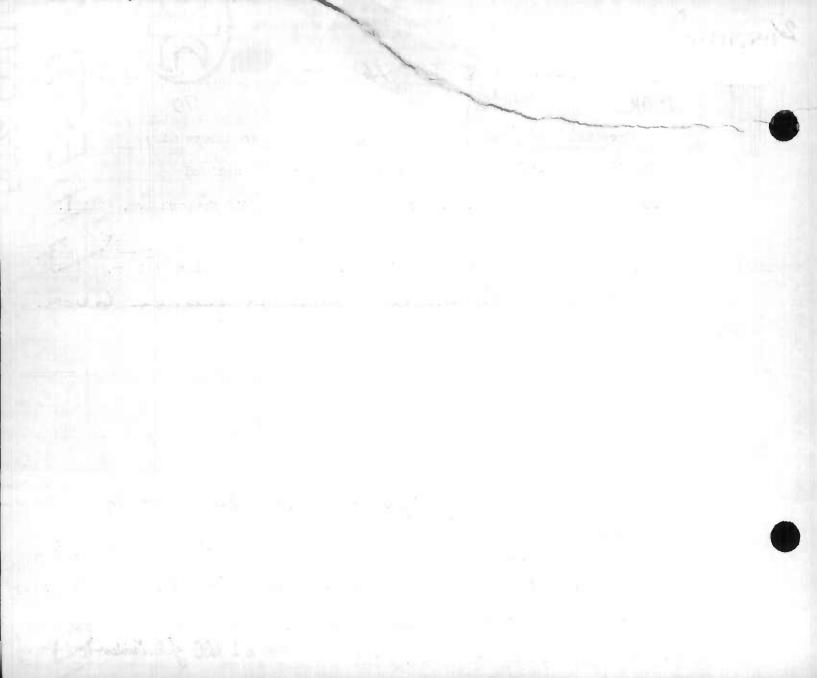
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5	FOR STATE REGISTE	AR			MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 5 REG. N		7 5	8 .
9	1. DECEASED N (TYPE OR PRINT)	MAR		A. H	IUMP	HRIES	2a DA	TE OF DEATH	3/ 3/	49	829
1	3. SEX	emale	4. RACE	Black	5. DATE C		6. AGE	IN YEARS LAST BE		FUNDER I YEAR ONTHS DAYS	HOURS MI
\$33	7a. BIRTHPLACE COUNTRY) Virgi	(STATE OR FOREIGN		WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	- /	Bolhim			
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38	Maryla		R OTHER INSTITUTION NTY	13c. CITY OR TOV Baltimo	WN	13d. INSIDE CITY LIMIT	St.	Baltim	zip code	1602 N arylan	• Pula d 212
	14 FATHER'S N		WIDDLE	Willi	Lams	IS MOTHER'S MAIDEN	ha	MIDDLE		Gust	avus
medicol	EYES, NO OR L	ASED EVER IN U.S. AI	RMED FORCES?	16b SOCIAL SEC 213-52-4		Thelma Wes		02 N. ADDA 1timore			
ony injury, or other troumotic	gove recouse underly		DUE TO, O (c) CONDITIONS CO		JES NO DEATH BUT	NOT RELATED TO THE	TERMINAL DI		20b. 1F YES,	WERE FINDI	NGS USED
shows o	CERTIFICATION OF THE CATION	DENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c. HOW INJURY OC	YES		YES		NO [
rked or Item 18	OR CONTI	RIBUTING CAUSE OF DE R. NOTIFY MEDICAL EXAMINE IRY OCCURRED	P. PLACE	.M. MONTH E M. OF INJURY REET, FACTORY, OFFICE.	19	211 LOCATION STREET		CITY OR IC		COURTY	STAT
21 is mor		tify that (I) (this hasp the deceased alive over, (I) (we) (did) (did)			P5	nd that in (my) (our) api	5 to	3 -34 corred on the d			that (1) (we)
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	(SPECIFY)	REMATION, REMOVA Burial	4/4/	1985 A	rbutus	Memorial P	ark	CITY OR TOWN		imore,	
9/03	NAME	Home, Inc	2501 (Baltin	Gwynns Fa more, Mar	alls P ryland	21216 250	APR	4 1985	256 REGISTR		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-	Se r
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	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Rode 4 is deby the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director. be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 15nd 2 should be filled within 72 hours ofthe Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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2087010		FOR STATE REGISTRAR		DEPARTMEN	STATE OF MADE IT OF HEALTH AN ERTIF', CATE O	ID MENTAL HY	REG. NO		5 8 4
oy be loge 3 death	(TYPE	EASED NAME FIRST OR PRINT) ALBER	MIDDLE MIDDLE		Hun DATE OF BIRTH	+	20. DATE OF DEATH	MONTH DAY YEAR 3 /3 85 THOAY) IF UNDER 1 YEAR	2b. HOUR 10 D M
ge 4 moy be ector: page as ofter deal	3 SEX	1ale	White		MONTH DA	Y YEAR	70	YRS. MONTHS DAY	
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24 hour lilled in wild be	13a. S	AL RESIDENCE (IF NURSING HOME COTATE 13b. COU aryland	INTY 13c. (esidence before ad CITY OR TOWN altimore	YES X	E CITY LIMITS?	13e.STREET ADDRESS A		1211
MARYLAI ed within mpletely f	14. F/	Charles	MIDDLE W.	Hunt		FIRST Nora	MIDDLE	Morri	
n ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATEST	SOCIAL SECURIT 18–05–02		1	ans 29G Blue		e, Dela. 19975
ECORDS, 2D1 W. PRESTON ST., ow requires that the death certific been signed by the attending phyrior to buriol, cremotion, or remony injury, or other troumatic ever	VION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		IBUTING TO DE			MINAL DISEASE OR CON	DITION GIVEN IN PART	
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L OR ATTENDI the hospitol on L DIRECTOR: A troched for use e Dept. of Heol		22a L certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did r 22b. SIGNATURE	pussele	13 19	ond that in DEGREE	my) (our) opinio ATTENDING PHYSICIAN	n death occurred on the d	ote and hour and from t	_, that (((we) lost he causes stated .TE SIGNED
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State		224 PHYSICIAL S NAME (TYPE	ORPRINT) 1. REED		22e. ADD		HAS ST.	BALES I	Mt,20
PP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	3/16/85		ME OF CEMETERY		23d LOCATION CITY OF TOWN Baltimon	county	STATE Marvlnad
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director NAME Alan Seitz Jr	. 3818 Rola	ADDRESS	21211	25g D	AR 2 1 1985	25) REGISTBAR'S SIGN	



executed within 24 haurs after

death certificate be

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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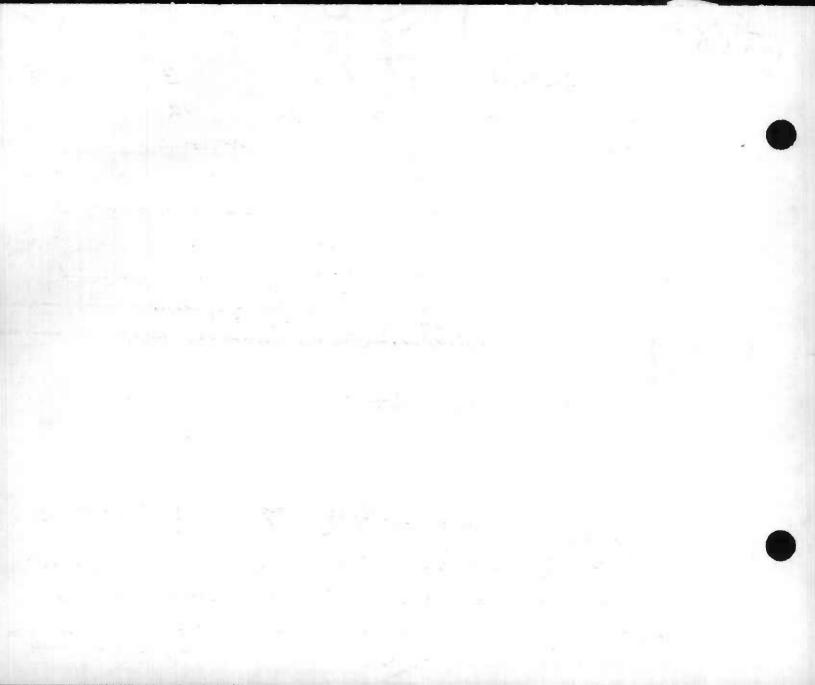
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		65									
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1 SEX	X	4. RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER		OURS
	Male	CAL	ic.	7	30	92		92 YE		JAI J	JUNG
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	couniry) iryland	U.S.A		WIDOWED		RCED	Baltimo	e Cit	V		
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	ING HOME OR		Logar	12a USUAL OCCU	PATION	12b. K	IND OF B	USINES
Pa	ltimore		Manor Nu		iome		Stillman			istry so Re	fin
	AL RESIDENCE (IF NURLING HE	ME OR OTHER INSTITUTION			202110					,0 1.0	
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-	ryland B	altimore	Dundalk		YES D	IO X		Idalk	Avenue	-	212
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DHMH - 16 50M 4/83 (VRA 15, 4)

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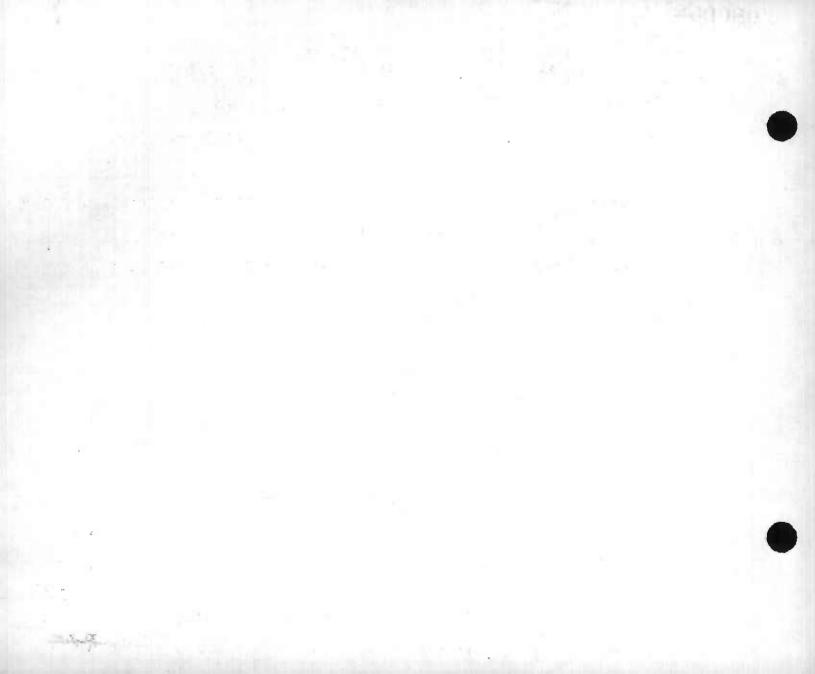
TO FUNERAL DIRECTOR:

should be detached for use as the buriol-transit permit. Then please remaye carbanpape with the State Dept- of Health and Mental Hygiene prior ta buriol, cremation, ar remoyal.



(VRA 15, 4)

STATE OF MARYLAND



medicol

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the

FOR

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
RAR	CERTIFICATE OF DEATH

STATE OF INMATERIES	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE .
CERTIFICATE OF DEATH	

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ı	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	G. NO.		
		OR PRINTING (BABY) (B	MIDDLE Timot	hy Ci	ARK)	2a. DATE OF DEAT	H MONTH 3 -	23-85	8 42 AM
	3 SEX	M	RACE B	42	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.
5	,	BALTIMORE, MD	U.S.		WIDOWE		BALI	Imor	E CIT	MD.
	B	ALTIMORE	ST. 1	A GNES	HOS	PITAL	12a USUAL OCCU (TYPE OF WORK FOR M			F BUSINESS OR
	130. S Ma	ryland	THER INSTITUTION	Baltime	N	13d. INSIDE CITY LIMITS?	1320 H			21217
2		Tony	DOLE	Hunt		15. MOTHER'S MAIDEN N DEME	TRICE	Ann	CL	ARK
	Ň	VAS DECEASED EVER IN U.S. ARM (ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	none		ROSEACER			irmound	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		CAROL	d (cu) AC	ARREST			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	RAS A CONSEQUE SEVERE RAS A CONSEQUE HYALIN	PRI	EMATURITY	DUSEASE		1	
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	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FIND IN TIFYING CAUSES YES [
70	MEDICAL CER	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM)	8 PART I OR PART 2)	
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE F		211 LOCATION STREET		OR TOWN	COUNTY	STATE
		22a.t certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not	3-2	13 19		nd that in (my) (our) opinion		he dote and h	our and from the	that (I) (we) last couses stated
		226. SIGNATURE 226. PHYSICIAN'S NAME ITPOR	Balar	, uno		DEGREE ATTENDING PHYSICIAN 122e, ADDRESS	MEDICAL DIRECTOR PH	STAFF	220 DATE	33-85
		NANCY	BAIL			900 5.0	CATON A	UENUE		
-1		URIAL CREMATION, REMOVAL URIAL	23b. DATE 2/28	/85 Ce	ame of c	EMETERY OR CREMATOR' Hill Cemet	ery Anne		deΙCo,	
		ChamMarch F/H	Inc.	1101 E N	Vorth		IAR 2 9 198		STRAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR	
March 7	198	85	73		
GE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HR		
60	MONTHS	DAYS	HOURS	MIN	

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

1039 George Street

Male **Black** 1927 Jan To. BIRTHPLACE (STATE OR FOREIGN COUNTRY Th CITIZEN OF WHAT COUNTRY? USA

4. RACE

MARRIED NEVER MARRIED X WIDOWED | DIVORCED

LAST

5. DATE OF BIRTH

HUTCHINS

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NO T

TYPE OF WORK FOR MOST OF WORKING LIFET none

13e STREET ADDRESS

17b. KIND OF BUSINESS OR INDUSTRY none

JOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Maryland 4. FATHER'S NAME

- STATE

DECEASED NAME

JOHN

3 SEX

REGISTRAR

O. CITY OR TOWN OF DEATH

unknown

90 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING . CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Baltimore

Baltimore LAST

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Bon Secour Hospital

17 INFORMANT

15 MOTHER'S MAIDEN NAME unknown

MIDDLE LAST

ADDRESS

60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN

MIDDLE

230 12 81 73

Jessie Leach 851 George Street Apt 5L

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

27s I certify that II) This haspital amended the deceased from

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

200 AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

CITY OR TOWN

STAF

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

216. TIME OF INJURY

HOUR A.M.

211. LOCATION

22e ADDRESS

and that in (my (our) opinion death occurred on the difference of the difference of

DIRECTOR PHYSICIA

22c DATE SIGNED

HO! WHEAT

10 05

MEDICAL

ATTENDING

PHYSICIAN

23e. BURIAL, CREMATION, REMOVAL Burial

23h. DATE 3/12/85 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

DEGREE

Baltimore

REGISTRANIPOLG

DHMH - 16 50M 1/81 (VRA 15, 4)

8

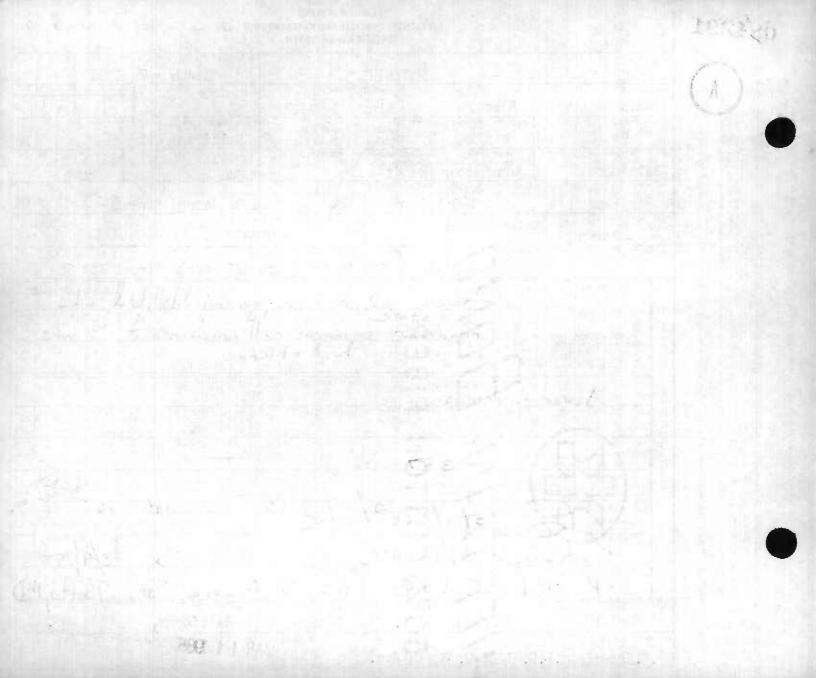
PORT,

24 FUNERAL DIRECTOR

22h SIGNATU

Wm.C.BrownComm.F.H. 1206 W. North Ave.

BP.



etained by the haspital ar attending physician

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

			JIMIL	UF MAKTLAND		C 4	77	1	103
1-	FOR STATE REGISTRAR				. HYGIENE	BEG. NO). D.		3 0 1
		WILLIAM	IMI	S JR	2a. DATE	OF DEATH	3	16 85	2b. HOUR 4:29P
3. SE)	Male	4 RACE Black	S. DATE OF	DAY YEAR		IN YEARS LAST BIRT			
(OUNTRY)						R COUNTY		1
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	12a USU	AL OCCUPATION	NC	12h KIND	OF BUSINESS C
USU/ 13a. S M a	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN AT Y L and THER'S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c CITY OR TOW Baltim	aDMISSION)	3d. INSIDE CITY LIMI YES [X] NO [13e STRE 3 2 C	ET ADDRESS /	ZIP CODE ginia	a Ave	. 2121
16a V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO.	Mary 7 INFORMANT		ADDRE		Rouzei	<u>c</u>
	YES		8419	Vivian I	enora	Imes	1317		
ATION	couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT N						1.716
RTIFIC					YES [] NO	IN CERTIF	YING CAUSE	S OF DEATH?
		1.01.0 1.11 1.01.171. D.	AY YEAR	21c HOW INJURY O	CCURRED (ENTE	r nature of injur	RY IN ITEM 18 F	PART I OR PART 2)	
MEDI	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.		21f. LOCATION STREET		CITY OR FO	WN	COUNTY	STATE
		olhattended the deceased from	Eebru	ary 7 19.8	5 to	March 1	6	19.85	, that (we) la
		March 10	5 .5 , and	that in (our) ap	inion deoth occi	urred on the do	ite and hou	ond Irom the	e couses stated
	obove, (He we) (did) (did) 22b. SIGNATURE	view the body after death.	DE	GREE ATTENDII PHYSICI.	NG MEDIC		F ar		E SIGNED
	obove, (Hawe) (did) (did)	view the body after death.	DE	GREE ATTENDI	NG MEDICAN DIRECT	AL STAF OR PHYSIC	F X		
	1. DEC 1779E 33. SE) Ja. BII 6 M & 10 C1 USUA 130. S M & 14. FA	1 - STATE REGISTRAR 1. DECEASED NAME ITYPE OR PRINT) 3. SEX Male John 3. SEX Male John 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR 13a. STATE John 14. FATHER'S NAME FIRST JOhn WYES 18. CAUSE OF DEATH IENter on PART 1. DEATH WAS CAUSE IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING JIE EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	1. DECEASED NAME ITYPE OR PRINT! JOHN WILLIAM 3. SEX Male JOHN WILLIAM 3. SEX Male Maryland JOHN JOHN JOHN JOHN Maryland JOHN JOHN	I. DECEASED NAME REGISTRAR I. DECEASED NAME LERST JOHN WILLIAM IMPORT OF PRINT JOHN WILLIAM JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	CERTIFICATE OF DEATH DECEASED NAME LIBST JOHN WILLIAM IMES JR JOHN WILLIAM IMES JR JOHN WILLIAM IMES JR JOHN WILLIAM JR JOHN WILLIAM JR JOHN WILLIAM JR JOHN JOHN WILLIAM JR JOHN JOHN JR JOHN JOHN JR JOHN JOHN JR JR	CERTIFICATE OF DEATH	T. DECEASED NAME REGISTRAR I. DECEASED NAME LIRST JOHN I. DOLL AND STATE OF DEATH I. DOLL AND STATE OF TORRIGH OF DEATH I. DOLL AND STATE OF TORRIGH OF THE INSTITUTION OF THE INSTITUTION OF STATE OF STATE OF THE INSTITUTION OF STATE OF STATE OF THE INSTITUTION OF STATE OF STATE OF STATE OF STATE OF STATE OF THE INSTITUTION OF STATE	TABLE REGISTAR I DECEASED NAME REGISTAR I DECEASED NAME LAST JR I DECEASED NAME LAST LAST JR I DECEASED NAME LAST JR I DECEASE JR I DECEASED NAME LAST JR I DECEASE J	CERTIFICATE OF DEATH REG. NO.

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ROT O MATERIAL CONTROL OF

(VRA 15, 4)

STATE OF MARYLAND

The state of the s meaning to some tenter in the sound in called to age . It is a popular

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED James Irick 4 RACE L SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Male Negro June DEAD To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED SouthunCarolina U.S.A. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Lutheran Hospital Gardner/HomeRemair JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Maryland Baltimore Lynhurst 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Carter David Trick Cassie ADDRESS DIVISION (YES, NO, OR UNKNOWN) 251188888 Lillian Payton/911 Lynhurst St. no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING F. FORWARDED TO THE TOR: PAGE 3 SHOULD BE US. TOR: PAGE 3 SHOULD BE US. TOR: PAGE 3 SHOULD BE US. TOR TO BURIA YES -NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 2Te PLACE OF INJURY (AT HOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection XX 220. I certify that I taak charge of the remains described above, held on Autopsy death resulted fram: Natural cause Hamicide Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 3/24/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Summerville, South Carolin /85 Brownsville 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE .Jones.Jrv/4101Edmondson Ave. **DHMH - 17** - www.woork-pluncher (VR A15 ME (5))

STATE OF MARYLAND

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541		FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 7 6
0851	07	1. DECEASED NAME FIRST WOOD RU		-SAAC	2a. DATE OF DEATH	3 19 8
ge 4 noy ector, p		3. SEX ALE ARAC	BIACK S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE MONTHS DA
res that the death certificate be executed within 24 hours after death. Page 4 may be 39 and by the attending physician and completely filled in by the funeral director, page 3 and physician and should be filed within 72 hours after death	÷ 7 7	70. BIRTHPLACE (STATE OF FOREIGN TO COLONIRY)	IZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE	·	Dut.	01
o) s ofter di by the fui	1) Lifed	BALTIMOSE CITY	AME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOS PITAL	PRESENCE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR STREET ADDRESS / ZIP CODE AVE THE CITY LIMITS? 120. DATE OF DEATH MONTH DAY YEAR STREET ADDRESS / ZIP CODE AVE 121. STREET ADDRESS / ZIP CODE AVE 122. STREET ADDRESS / ZIP CODE AVE 123. STREET ADDRESS / ZIP CODE AVE 124. STREET ADDRESS / ZIP CODE AVE 125. STREET ADDRESS / ZIP CODE AVE 126. STREET ADDRESS / ZIP CODE AVE 127. STREET ADDRESS / ZIP CODE AVE 128. STREET ADDRESS / ZIP CODE AVE 129. STREET ADDRESS / ZIP CODE AVE 129. STREET ADDRESS / ZIP CODE AVE 120. STREET ADDRESS / ZIP CODE AVE	
AND 212 124 hour filled in I	See be	USUAL RESIDENCE (IF NURSING HOME OR OTHER 130, STATE 136, COUNTY	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	3 83 9 W.	North Ave
Y # 152	Samin	14. FATHER'S NAME FIRST MIDDLE	I SAAC	15. MOTHER'S MAIDEN NAM	ie MIDDLE	
IMORE,	medicol	160 WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (IF YES, GIVE WAR C		Doris Isaa		
	urial, cremation, or remaval. , or other troumatic event, the	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	UE TO, OR AS A CONSEQUENCE OF (b) UE TO, OR AS A CONSEQUENCE OF (c)	ARCIDAMA C	mal disease of con	metro from
v = 500	ے م	7	TIONS CONTRIBUTING TO DEATH BUT	NOT KEENTED TO THE TERM	THE DISEASE OF COIN	

orth Avenue APPROXIMATE INTERV Bre bell CERTIFICATIO 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO YES [NO [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE VIO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL BURIAL 3/26/85 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY Garrison Forest VA Owings Mills COUNTY Mdrie. 24 FUNERAL DIRECTOR

BP DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

and Mental Hygrene prior

PHYSICIAN:

shows any

8

MPORTANT: If hem 21 is morked or hem

should be detoched for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior

Wm C March F/H Inc. 1101 North Avenue (VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2b. HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

85 IF UNDER TYEAR

INDUSTRY

MAR 2

085064	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TH	REG. N		0	7 3
(s B; 5)			ARIES	MIDDLE .	JAC	XI VOOZX	ع. [²	o. DATE OF DEATH	81 CO	85	26 HOUR
ge 4	3. SE	MALE	1. RACE NEGR	0	S. DATE O	DAY	YEAR BYZ	AGE (IN YEARS LAST BIR	12 YRS. MONTH		IF UNDER 24 HRS HOURS MIN.
neral dir in 72 hou	1	RTHPLACE (STATE OR FORER COUNTRY) HARYLAND	USA		WIDOWE		CED 🔀	BAYTO	RE CITY		MD
rs ofter de filed within		BATITONE	3016 W.	LANVAVE	STALLE	OR OTHER INSTITUT		TYPE OF WORK FOR MOST C		2b. KIND OF NDUSTRY	BUSINESS OR
AND 212	130 S	AL RESIDENCE (IF NURSING ISTATE 13b.	COUNTY	13c CITY OR TOV		19.			ZIP CODE	he St	. 2121
MARYLAND ted within 24 mpletely fille, and 2 should	2	CHIVES	MIDDLE	JAUCIO			So ++a	WIDDLE		Lon	
oe execut on and co		WAS DECEASED EVER IN L YES, NO OR UNKNOWN) {#	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	220 36		Rosetta	. Jack	ADDR			A A S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120; ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours in oftending physician. When this certificate has been signed by the aftending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filled in by and Mental Physierie prior to burial, cremostian, or removal. The and Mental Physician prior to burial, cremostian, or removal. The and Mental Physician prior to burial, cremostian, or removal.	NO	Conditions, if any, what gave rise to immedicause (a), stating	DUE TO, O oich ote the ost. ODE TO, O OCC OST ODE TO, O OCC OCC OCC OCC OCC OCC OCC OCC OCC O	R AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	idition given II	N PART 1:0	p2
VITAL RECOI	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICE	H OPERATIO	n was performe	D	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN G CAUSES (GS USED OF DEATH? NO
PHYSICIAN, The physician p	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	E OF DEATH HOUR A. XAMINER) P. 21e. PLACE		19	21¢ HOW INJUR 21¢ LOCATION STREET	Y OCCURRED	CITY OF TO		OR PART 2)	STATE
L OR ATTEND the hospital or L DIRECTOR: A stacked for use to Dept of Head : If them 21 is m		22s.1 certify that	ottended the MACO		95 .	nd that in (my) (oth occurred on the d	late and hour and		
TO HOSPITAL retained by the TO FUNERAL should be det with the State		22 PHYSICIAN'S NAME	TYPE OR PRINT)	Mo		22e ADDRESS			mo m	0 21	us
BP		BURIAL, CREMATION, REA (SPECIFY) Burial UNERAL DIRECTOR NAME WM. C. Mar	3/22	/85 C	edar	Hill Ce	em .	AIIIO	Arundel 255. REGISTRAR	-	The second second

at 50 t

completely filled in by the funeral director, page 3 pond 2 should be filed within 72 pours offer death

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

					R	E	G		N	(
 _	_	_	_	_	_	_	_	_	_	

6

	REGISTRAR						REG. NO.			
	CEASED NAME FIRST	MIDDLE		LA	ST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
,	JAMES	WILLIA	AM JAC	KSON		EC. 1	3/7/85		9:24PM	
3. SE:	X	RACE	5.	DATE OF	BIRTH		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	Male	Black		12	25	1'3"	71 _{YRS}	MONIHS DATS	HOURS MIN.	
70 BI	IRTHPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT	COUNTRY? 8	A A DDIED	□ NEVER	MARRIED -	BALTIMORE CITY OR COUN	TY OF DEATH		
-	COUNTRY) VA	USA	A W	/IDOWED	X 0	IVORCED	Baltimore		MD.	
	Baltimore	1. NAME OF HOSPI		RESS)		STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR	
USU	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RE		_						
130. 9	MD 136 COUNT		altimor		13d. INSIDE (CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 2429 Huron	St. 212	230	
14. FA	ATHER'S NAME FIRST M	IDDLE	LAST		15 MOTHER	'S MAIDEN NAN FIRST	WIDDLE	LAS		
16a V	WAS DECEASED EVER IN U.S. ARM		OCIAL SECURIT	Y NO.	17 INFORM	ANT	ADDRESS			
	NOOR UNKNOWN) (IF YES GIVE	WAR OR DATES)	N/A	i	Maxir	ne Ames	1040 Tunbri	dge Rd.		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY	or 101, 161, and ic	···	Da Ri	-		BETWEEN	MATE INTERVAL ONSET AND DEATH	
	IMMEDIATE	CAUSE (o)	710 01110		1190	101			7	
		DUE TO, OR AS A	- 2 Pm		100	1 - 11 - 2	ea.	5	Ant.	
	Conditions, if ony, which gove rise to immediate	(b)	CARDO	NC	NOR	X141220	114			
-	couse (0), stoting the	DUE TO, OR AS	CONSEQUENC					- 4	20	
	underlying couse lost (c) SENEAR CORONARY ALGERY DISEASE TRS.									
-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEA	TH BUT N	OT RELATE	TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 100)	
Õ										
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OP	ERATION	WAS PERFO	DRMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED			
TE								TIFYING CAUSES	OF DEATH?	
3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	JRY		21c HOW II	NJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18		No L	
	OR CONTRIBUTING CAUSE OF DEATH	1	MONTH DAY	YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	HIRV	19	211 LOCATI	ON				
ME		LAT HOME STREET, FAI			STREE	1	CITY OR TOWN	COUNTY	STATE	
	AT WORK AT WORK									
	22a.1 certify that (1) (this hospital	I) ottended the dece		3-	7	19 85	_, to		that (I) (we) lost	
	sow the deceased alive on obove, (1) (we) [did) (did not)	view the body offer i	19 10 a	ond.	I that in (my) lour) opinion d	eath occurred on the date and ha	out and from the	couses stated	
	226. SIGNATURE	11	1	DI	EGREE			22c. DATE	SIGNED	
	Korha	va /	1 aun	10		ATTENDING PHYSICIAN	MEDICAL STAFF	3-	7-85	
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e. ADDRES		DIRECTOR HITTSICIALLY		, 0 -	
	RICHARD !	S. 5700,	ART		St.	AGNES	HOSPITAL			
	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAM	NE OF CE	METERY OR	CREMATORY	23d LOCATION			
(Burial	3/13/85	Mt.	Ä11	burn	Cem	Baltimore	COUNTY	MD	
24. FL	JNERAL DIRECTOR	-///	1226.	714	~ ar ii	25a. DATE	REC'D. BY REGISTRAR 25 REGIS	STRAR'S SIGNATI	URF	
Wn	n. C. March F	/H 1101	E.No.	cth	Ave.	AM	R 1 1 1985 Julia	Davidson-V	andell	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

should be become with the Stote Dept. of Health and Mental Hygiene prior to buring, with the Stote Dept. of Health and Mental Hygiene prior to buring, or other traumatic event, the medical again IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical again.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

iw requires that the death certificate be executed within 24 hours after death. Page
ptending physicion.
er this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3
the burial-transit permit. Then please remove carbonpopers. Pages, and 2 should be filed within 72 hours after death
and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other trau

should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After

FOR - STATE

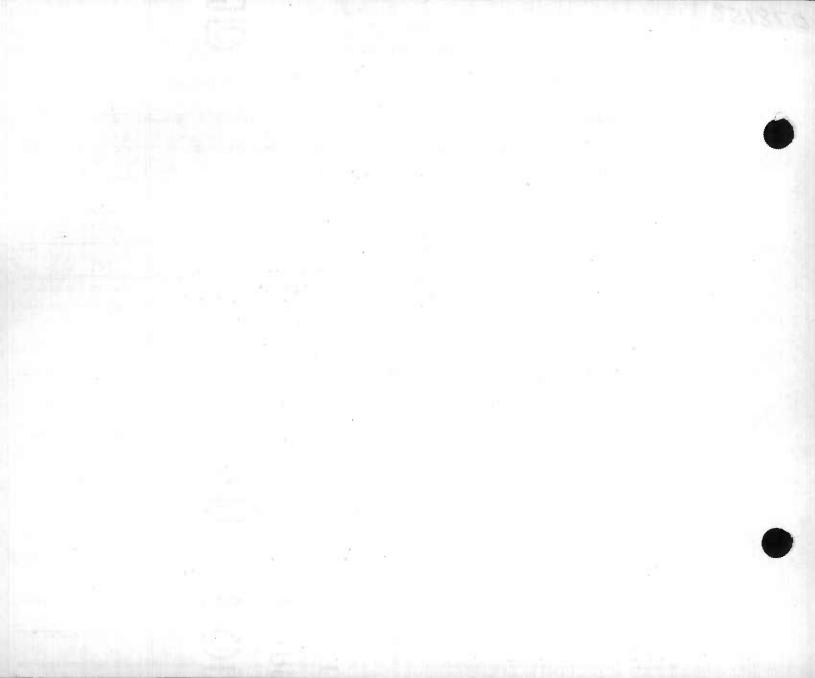
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07695 CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
TYPE OR PRINT!		Jackson	March 14,	1985 M
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS
Female	Black	4 15 07	77 YRS	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	**	Baltimore C	ity, MD
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
Baltimore	3713 Belle	Avenue	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION)	Le croser apposes a rio con	Nr.
Maryland	OUNTY I36 CITY OR T		3713 Belle A	
14. FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
William	Elliot	FIRST -	WIDDLE	EAST
60 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL S		ADDRESS	
Unknown (IF YE	214-07	7-8472D Monroe E	11iott 3713 Be	lle Avenue
	er only one couse per line for (o), (b)		221000 0,10 00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART L DEATH WAS CA	AUSED BY:	ar drindmin aus	and of	15 mm
IMME	DIATE CAUSE (S)		00151 63	0
Conditions if you while	DUE TO, OR AS A CONSE	QUENCE OF	This therese	78
Conditions, if ony, which gove rise to immediate	le)		1	7
couse (a), stating the underlying couse los		QUENCE OF CAN	droves where Dis	150
	- (c)	TO DEATH BUT NOT RELATED TO THE TE		
	INT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	ERMIN AL DISEASE OR CONDITION G	IVEN IN PART 110
ZO I 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
OH THE STATE OF TH			_ IN CERT	TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN	G T 216 TIME OF INJURY	71¢ HOW IN JURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM TE	
	DE DE ATH HOUR A.M. MONTH	DAY YEAR		
OR CONTRIBUTING CAUSE (OF EITHER MODIFY MEDICAL EXA 21d. INJURY OCCURRED	(MINER) P.M.	19 211 LOCATION		
WHILE NOT WHILE	LAT HOME STREET FACTORY OFF		CITY OR TOWN	COUNTY STATE
AT WORK	-	106-11	2/1/	
sow the deceased aliv	hospital) attended the deceased from		ion death occurred on the date and he	, 19 , that (I) (we) lost
obove, (I) (we) (did) (d	id net) view the body ofter death.		on death accorded on the date on the	
22b. SIGNATURE	and I A	DEGREE	MEDICAL STAFF	224 DATE SIGNED
224 PHYSICIAN'S NAME	DIN SIMM	PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/17/03
	0 0 11 1 1	THE ADDRESS	5 - 21.1	2 12/2
Edward		. WI 2803 GE	arrism Blvo	- 412-10
230 BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BURIAL	3/20/85	Mount Auburn Ce	m. Baltimore,	- mMd.co
24 FUNERAL DIRECTOR	/ T T 1 1 0 10000	25m (DATE RE 20 OY NOS BAR 25 L. REGI	STRAR'S SIGNATURE
wm C March F	/H Inc. IIUI	E' North Avenue N	MAR 20 BOS	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harms retained by the haspital or attending physician.

BP. DHMH - 16 60M 7 (VRA 15, 4)

4 chil	1.	FOR STATE	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 5	0 7	09/
0	1. DEC	REGISTRAR EASED NAME WILL OR PRINT)	MIDDLE	JA	C(SOU	REG. N	3/4 8	35 B am
	3 SEX	MALE	Black	S DATE C	25 22	6. AGE ON YERS LAST B	YRS.	DAYS HOURS MIN.
100	1.00	OSSISSISSISSISSISSISSISSISSISSISSISSISSI	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE		9 BALTIMORE CITY	7	MD.
82	13	Y OR TOWN OF DEATH LETT OF THE PROPERTY OF TH	11. NAME OF HOSPITAL, N	EUVE F	earth	12a USUAL OCCUPATION OF THE OF MOST	O WORD G LIFE) INDL	IND OF BUSINESS OR JISTRY ARRIOTT COR
must 7	130 A	THER'S NAME THER'S NAME OF		MOL	13d. INSIDE CITY LIMITS? YES NO [] 15 MOTHER'S MAINTER	3035 Be	PRODE A	10 2/2/C
Salari Salar Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salar Sala Sala	0	AS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL	SECURITY NO.	FIRST WAR	+S PHINE		ACTION IN
e medice		ES CONSTRUCTION IN THE SES CITY	EWAR OR CATES) 196-1	00582	Artivell Jac			yland 21216
event, th		PART I. DEATH WAS CAUSE IMMEDIA	ly ane couse per line far (a) (D BY: E CAUSE (a)	astu	zi CARC	AMOUNT	BE.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
aumatic		Canditians, if any, which	DUE TO, OR AS CONS	EOUENCE OF	the KIF	WEY.		
r ather tr		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEOUENCE OF				
injury, a	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	OTO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	NDITION GIVEN IN P	ART 10
gws any	CERTIFICATION	194 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR P.	ART 2)
rkedar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	own cour	NTY STATE
21 is mo		27a.l certify that (I) (this haspe the deceased alive on	2//2	VIVI	d that in (my) (our) apinion	death accurred an the	date and hour and fro	, that (I) (we) last om the causes stated
ANT: # #em		Doloca	and,	MID	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF \ / 7	3/14/85
IMPORTAN		David H	ollowly		270 ADDRESS Ley	man Da	ele Ory	2/2/1
	23a BI	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 3/19/1985	Garriso	m Forest Vet.			Maryland
A 7/B4	24 FM	Nitter & Sons	2501 Gwynns 1 Baltimore.	Talls Pa "Marylan	rkway 25a DA	IAR 2 0 1985	256 REGISTRAR'S SI	GNATURE MANDALL.

The state of the s i de la contact services, style 2221 - 1225 to dynamic stories

	STATE OF MARY
FOR	DED ADTMENT OF HEALTH AN

YLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

2	U	/	U	-
050 110				

ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.							
ħ	I. DECEASED NAME FIRST	٨	AIDDLE		LAST	20 DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR					
1	WILLIE MA	AE JACK	SON			MARCH 29	1985	8:38 ^A					
t	3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS					
1	Female	Black		MONT	4 28	57	MONTHS DAYS	HOURS MIN.					
4	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH						
71	COUNTRY	1.00		WIDOWI		BALTIMORE	CITY	MD.					
1	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION 17YPE OF WORK FOR MOST OF WORK		OF BUSINESS OR					
1	BALTIMORE				HOSPITAL								
1	HOUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COUR	NTY	13c CITY OR TOW!		1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE						
3	Md.		Balto.	100	YES NO	1727 Llewely	n Ave.	21213					
	14 FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	Į,A	AST					
1	Nenry		Berrgar		Corrine		Esint						
	160. WAS DECEASED EVER IN U.S. AR 1455. NO OR UNKNOWN) 118 YES. GI Unkn.	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS							
ľ	18 CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (b), and	licil	Δ.		BETWEEN	XIMATE INTERVAL ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST											
ı		DUE TO, OR AS A CONSEQUENCE OF											
4	Canditians, if any, which	(b)	NOEW		ASTATIC CA	RCINOMA	o months						
	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE										
	underlying cause last.	(() 4		ELL	UNINFFEREN	UTIATED LUNG	CA	year					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART I	6 1 1 -					
1	3 D. I.C. x 2	-days	DISS	enre	enated In	nora Vasculo	m Cox	reveation					
1	D. I.C. × 2 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE	GS USED					
3	H H					YES NO	YES [NO					
٦	21a. ACCIDENT WAS UNDERLYING	LIQUID A		V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM IB PART 1 OR PART 2)						
		AIN	M. MONTH DA	Y YEAR									
4	OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE		19	211 LOCATION								
1	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE					
ı	22a I certify that (this hasp	ital) attended the	a daspased from	Men	ch26 10 85	. March 2	9 10 85	that Dwellast					
	saw the deceased alive or abave 11 (we) did (did no					death accurred an the date on	d hour and fram the						
1	22b. SIGNATURE	1	- 1		DE GREE		22c. DATI	ESIGNED					
1	101100	Specie	ch		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	\times 3/	29/85					
7	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS								
	G. M. C	SACIO	CH		Johns								
1	23a. BURIAL, CREMATION, REMOVAL	. 236 DATE	23c N	IAME OF (EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN	0.000						
	Removal	3/31	/85			CHTOKIOWN	COUNTY	STATE					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or Item 18 shows any

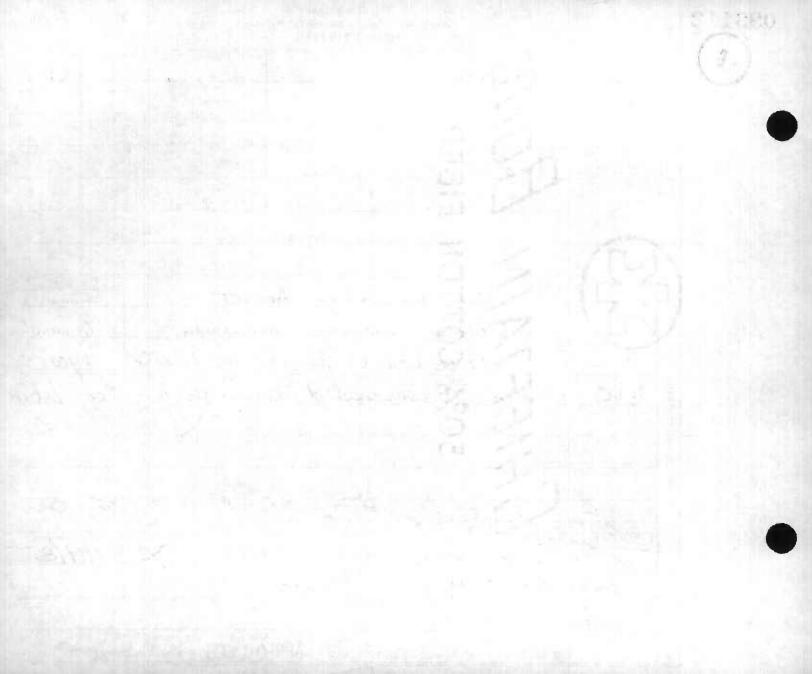
Anatomy Board

24 FUNERAL DIRECTOR

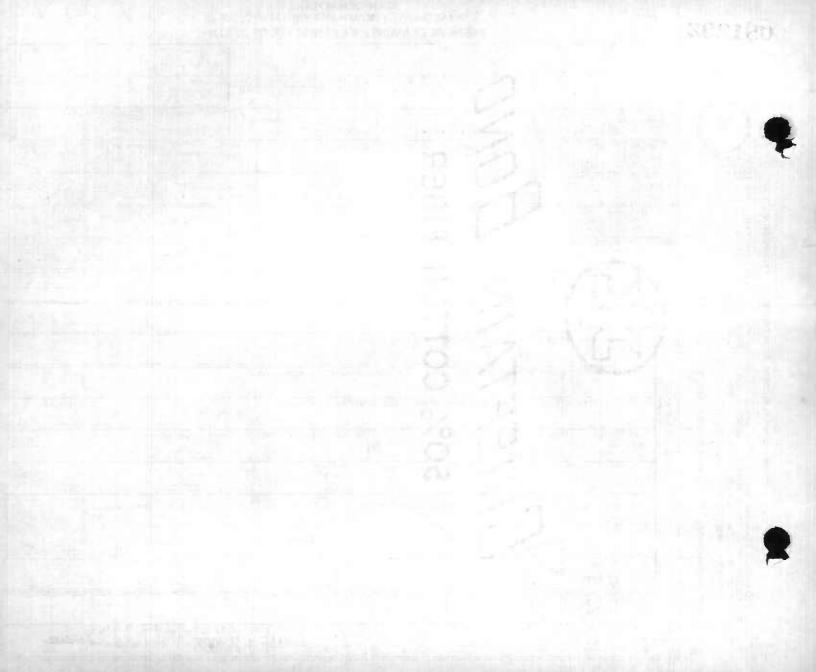
Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

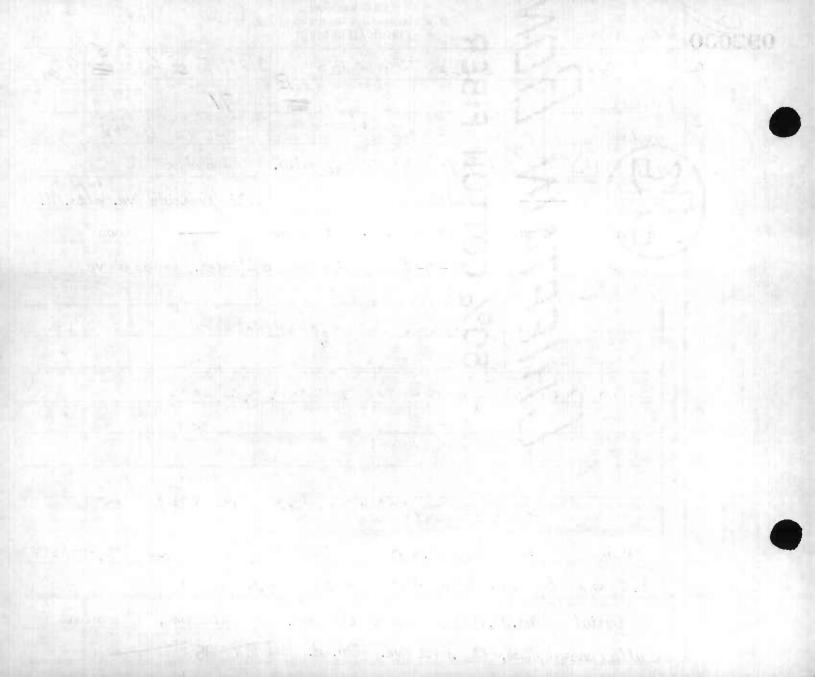
PR 04 1985 Julia Davidson-Rondesse.



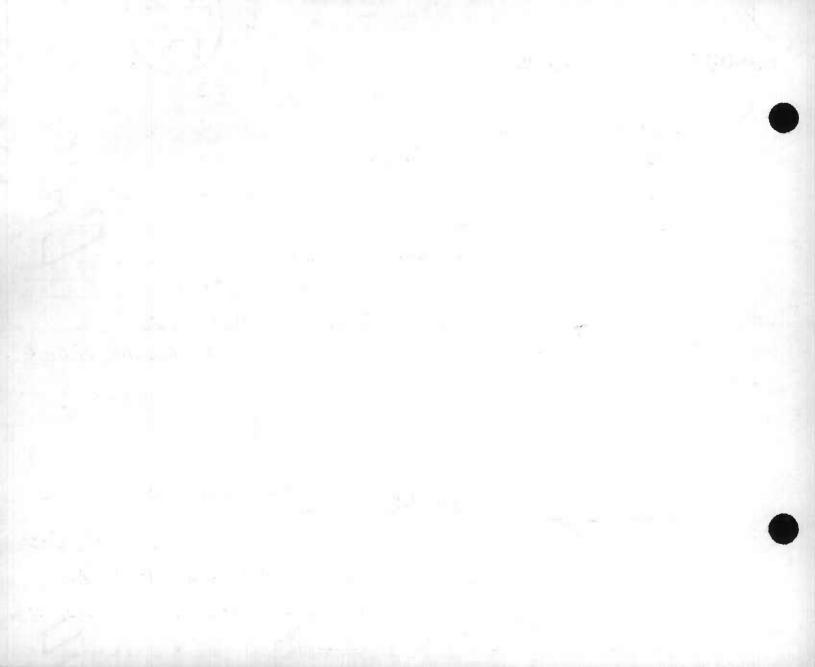
(A) 20	2 1	FOR - STATE				ENT OF H	EALTH		NTAL H	-	-	0	1	6	9	9		
1091	36	REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF I							F DEATH REG. NO.						
		DECEASED NA	ME FIRST		MIDDLE			LAST		12	OF DATE	KNOWN ESTI-	XX MONI	TH DAY	YEAR	2b. HOUR		
2000			Dest	ry			Ja	acobs				MATED		3-9	19 85	\ N		
多見事の報	3	SEX	4 RACE	5. DATE OF BIRTH	VEAD	AGE IN YEAR			IF UNDER 2		DATE		MONT	H DAY	YEAR	24 HOUR		
3200		Male	White		1936	48 YRS	MONTH	IS DAYS	HOURS		PRONOUN			3-9	19 85	2:05 p. m		
CONCEAN DE LA CO	1		Carolina	76. CITIZEN OF WE	S.A.			ED NEVE		ED L			City		DEATH	MD		
BAAY IS PAAR BERIED	00		imore	11. NAME OF HOS (IF NOT IN SUCH FA rear of	2032	E. Bal	timo				OSLOF WOR		TYPE OF WOR					
F ANY D AND 3 RETAIN HOULD	5 136	Maryl Maryl	and 13b. COUN		Bal	PRIORE ADMISSION OR TOWN CIMOR	e	13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore St.:						2123				
EATH FAN ND2	200 11	FATHER'S NA.	Boss	Jacobs	LA	ST		15. MOTHER	CT	NAME	e "	Chav	7is	LAST				
W A A A A A A A A A A A A A A A A A A A	16	WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	16b. SOCI	AL SECURITY I	٧٥.	17 INFORMA	ANT			ADDRE	SS					
BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN PAGES I AND PAG		(YES, NO, OR UNK	(IF YES, CIVE	WAR OR DATES)				Revels Funeral Home Pe						mbroke, N.C.		I.C.		
ST	1.	18. CAUSE PART I	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:									BET	PPROXIMATE WEEN ONSET	INTERVAL				
ON TENT	WAL WAL	2 88	20 IMMEDIA	TE CAUSE (a)		ciple I		cles			E 194							
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "FENDING" IN PENCIL IN ITEM HO RED TO THE CHIEF MEDICAL EXAMINER ALONG PER SHOULD BE ABURIAL TRANSIT PERMI	MATION, OR REMOVAL	gave cause lying c	tians, if any, which rise to immediate (a) stating the undercouse last.	(b)	AS A CONS	EQUENCE OF		OR CONDITION (GIVEN IN PAR	T 1 (a)								
RECC LD BE PEND PEND D AS	O BURIAL, CREA	190 DATE	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	AUTOPSY?					
SHOU SHOU	URIA											YES X NO						
DIVISION OF VITAL REINING CERTIFICATE SHOULD WRITING THE WORD "PER ARDED TO THE CHIEF MARGE 3 SHOULD BE USED A AT DEPARMENT OF HEA	250		nal cause was ng XXor iting □ cause of	DEATH]: 45P.M	MONTH 1	19 85	su	w MUURY C				URY IN ITEM	18 PART I OR	PART 2)				
	21201 PRIOR	21d. INJUR WHILE AT WORK	AT WORK AT WORK XX 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 2032 E. Baltimore Street, Balt							COUNTY	Md.	STATE						
22a Lecrify that I took charge of the remains described above, held an Autapsy XX Inspection , Inquiring Accident XX Inspection , Inquiring , Inqu										nner _	and in my		2 10	0.5				
TO MEDICAL E. EXECUTE THE C PAGE 4 SHOUL TO FUNCTION T	Z WORE	EXAMINER (TYPE OR P	1	gory R.	Kauffn	nan, M.	M.	J	lll P		St.		SIG	NED	3 - 10-			
	₹ 230	BURIAL, CREA	MATION, REMOVAL		23c NA	ME OF CEME	TERY OF	CREMATOR	RY	23d LOC	CATION			OUNTY		ATE		
07/84 BP	- 24		ECTOR Dippe	Finer	NO X	endine	Inc	emete	TV So. DATE RI	EC'D. BY	nber-	R 256 RE	GISTRAR	S SIGNAT	URF			
DHMH - 1 (VR A15 ME	7 (5))	7110 E	Belair Ro	pad Bal	timor	e, Md	. 2	1206	MAR	12	1985				indese			



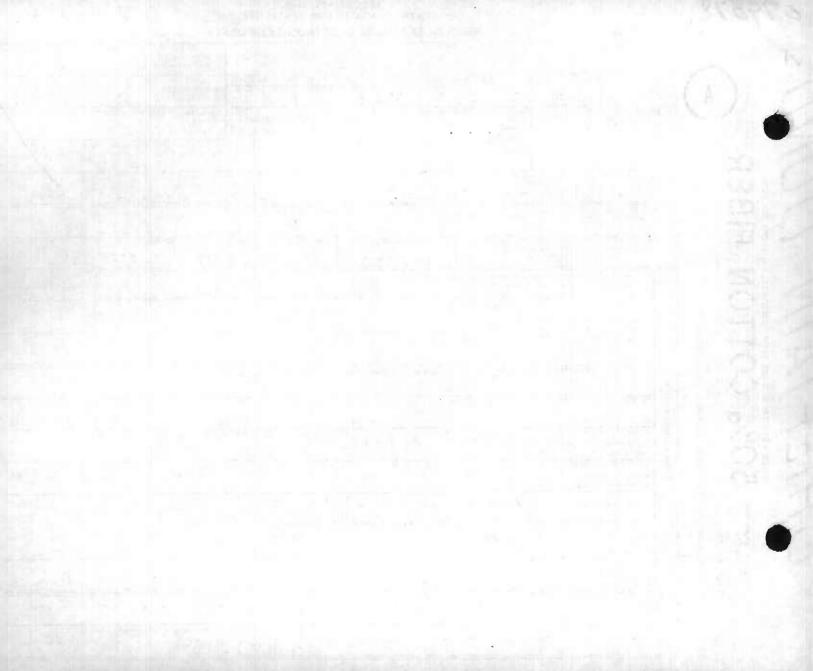
REGISTRAR REG. NO. T. DECEASED NAME FIRST MIDDLE LAST SATE OF DEATH TO BE THE OF DEATH REG. NO. TO DECEASED NAME FIRST MIDDLE LAST SATE OF DEATH MOST ON SATE OF DEATH MOST	UNDER LYEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.		
3. SEX ARACE S DATE OF BIRTH 1972 6 AGE [IN YEARS LAST BIRTHDAY] IF MODITH DAY YEAR 123 YEAR 12 YRS	NIHS DAYS HOURS MIN.		
3. SEX 3. SEX 4 RACE 5. DATE OF BIRTH 1972 6. AGE [IN YEARS LAST BIRTHDAY] 18 MODELLE STATES OF THE SECOND	NIHS DAYS HOURS MIN.		
Female WHITE 12 23 71 YRS			
TO RIPTHOLOGY CALLES OF CA	FDEATH		
16 CHIZEN OF WHAT COUNTRY!	ーフレ		
Maryland USA WIDOWED DIVORCED DI BALTO. CI	MD.		
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 110 NOTIFICATION OF THE PROPERTY ADDRESS!	12b. KIND OF BUSINESS OR		
BAITO. MD (IMPOSINGLIEUTY, GIVE STREET ADDRESS) PI-TAL Balto. (TYPE OF WORKING LIFE)	INDUSTRI		
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE, 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE.	21230		
136 STATE ADDRESS / ZIP GODE NEST NO 136 STREET ADDRESS / ZIP GODE NEST NO 136 STREET ADDRESS / ZIP GODE NEST NO 137 Riverside A	ve. Balto. Md.		
14. FATHER'S NAME			
Be a Delman Harvey Forrester, Sr. Theresa MIDDLE	Koos		
8 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS			
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 212-09-8655 Elizabeth McAllister, Same as			
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
immediate cause 10) Cardiac arrest			
DUE TO, OR AS A CONSEQUENCE OF			
8 8 8 5 5 Conditions, if ony, which (16) my o cardial infarction	1-2 days		
gave rise to immediate cause (a), stating the underlying cause lost.	0		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	LIN DADT 1:-		
& coma venal Ladure, respiratory bailure	IN PART TO		
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, V	ES, WERE FINDINGS USED		
TESPICATORY FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, V IN CERTIFY II YES NOW YES 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	NG CAUSES OF DEATH?		
216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART			
ZE EE TO A ON CONTRIBUTION OF			
216 INJURY OCCURRED 216 PLACE OF INJURY 21f LOCATION			
STREET CITY OR TOWN	COUNTY STATE		
220.1 certify that (1) (this haspital) attended the deceased from MARCH 22, 19 85, to March 23, 19	85 , that (It (we) last		
sow the deceased alive on March 23 1985, and that in (my) (our) apinion death accurred on the date and hour or above, (1) (we) (did) (did not) view the body after death.	nd from the couses stated		
ZZE SIGNATURE DEGREE	22c. DATE SIGNED		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	3/33/85		
PHYSICIAN DIRECTOR PHYSICIAN 2 22d PHYSICIAN S NAME (TYPE OF PRINT) 1220 ADDRESS 1220 ADDRESS 1220 ADDRESS 1220 ADDRESS 1220 ADDRESS	0,00		
236 BORIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION			
BP Burial Mar. 27. 1985 (edan Hill (emt. Baltimore,	Maryland STATE		
24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRARI256 REGIST	R'S SIGNATURE		
(VRA 15, 4) Mar 2 7 1985 Lika Daw	idson-Mandell.		



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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1 +	REC	SISTRAR ASED NAME	FIRST		MEDIC	AL EXAMI	NER'S	CERTIFIC	CATE O		DATE KI	ESTI-	-	DAY YEAR	2b HOUR
THE STATE OF THE S	3. SEX	4. R	John ACE Black	S. DATE OF	DAY YE	6. AGE (IN LAST BIRTH	EARS IF U	Jant INDER I YR.	IF UNDER		C. DATE	AATED _	3-9	DAY YEAR	2d HOUR 6:48
POST OF STATE OF STAT	70 BIRTH	HPLACE (STATE CONTRY) arylance	P	76. CITIZEN	OF WHAT C	04 8K8 OUNTRY?	8 MAR	RIED NE	VER MARRI	ED 🔲		-	RCOUNTY City	OF DEATH	Р. м
POTHER PAGE STATE RELIED TO SELECT WAS COLUMN TO SE	ID CITY	or fown of c	HTA3	11. NAME O	SUCH FACILITY, O	, NURSING HOADING STREET ADDRESS	venue			12a. USUA		TION (TYPE		2b. KIND OF BU OR INDUST	JSINESS
21201 ANY I AND 3 RETAIL RECOR	130. STA1	Md.	NURSING HOME OR	OTHER INSTITU	TION, GIVE RESID	CITY OR TOWN Balto.	SION)	YES X	NO 🗆	244	et address	-	Ave.	212	15
ORE, MD. DEATH IF GES 1, 2, AND 2 AND 2	N,	FIRST NAME A S DECEASED EVI	ED INLLE A DAMA	MIDDLE		LAST IS. MOTHER'S MAIDEN NAME FIRST N / A							LAST		
BALTIMORE S. GIVEN PAGES WITH FORM P DIVISION OF	Ye	O, OR UNKNOWN)	{IF YES, GIVE W	AR OR DATES)	2	19-05-7		Rev	.Barb	ara	J.Sa	nds		Talbo	
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORWA TO FUNKAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212	AA Si		om: Natura	Comses IX	XX Axio	obove, held an lenn], Homic	istant	Undeter MEDIC	Inquiry XI mined mani	ner .	DATE SIGNED	3-10-8	
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STATE OF MARYLAND

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STATE OF MARYLAND

CERTIFICATE OF DEATH

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME EIRST 20 DATE OF DEATH MONTH 7h HOUR Marie Jarvis 85 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR Female White 14 12 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City N. J. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Balto. 311 Tuscany Rd. Secretary USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 130 STREET ADDRESS Balto. Md. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 311 Tuscany Rd. Balto. #21210 YES TX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kuemmerle George UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 426 Gun Rd. ADDBalto. Md. LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Thomas H. Jarvis 265-03-1367 18 CAUSE OF DEATH /Enter only one couse per live for 10 , (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) Ithis hospital) attended the deceased from sow the deceased alive on obove (1) we) (did (did not) view the be my (our) opinion death occurred on the date and hour and from the couses stated 225 SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22d PHYSICIAM STNAME 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Burial Meadowridge Mem.Pk.Cem. 16-85 Howard 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Frederick Are. Disto, MR #2/229

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DECEASED NAME FIRST VPE OR PRINT) PATRICI SEX		IDDLE					
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	A	MOORE	JENDREK	MARCH 7.	1985		4:50
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Female	White		pt. 10,1925	59	YRS.	DATS	TIOURS IN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Maryland	U.S		OWED DIVORCED	BALTIMOR	RE CI	TY	
CITY OR TOWN OF DEATH		OSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS
BALTIMORE /		S HOPKINS		Reg. Nurse	71 WORKING UF	C) INDOSTRI	
STATE 18 NURSING HOME OF	ROTHER INSTITUTION C	GIVE RESIDENCE BEFORE ADMISS	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
Maryland Harf		Bel Air	YES NO	606 Leeway		1	
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE			
Joseph	F _	Moore	Elizabeth	n Clar	le le	Fiten	atrick
WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N		ADDRE		17000	a W. LUK
NO NO (IF YES GI	A A		P.J.Schaekel.	1902 Glenw	mod Ro	l. Balt	2.212
18 CAUSE OF DEATH Enter of	nly one cause per l	line for (al. (b), and ic				APPROX	MATE INTERVAL
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TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If hem 21 is morked or item 18 shaws ony

certificate has been urial-transit permit. T

ATTENDING PHYSICIAN: The low

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY	MONTHS DATE	IF UNDER 24 HOURS
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70. BI	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
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130.	Maryland	7111	Baltime		YES NO	6738 Bost			2
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Ų.	Joseph	MIDDLE F.	Jepp:	i. Sr.	Rose	WIDDLE		LA:	a pa
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR	ESS 136	l E. No	_
. ((YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	214-22-	7448	Mr. John A. J	Teppi -	Ba 1	timore,	Md. 2
	18 CAUSE OF DEATH (Enter	-1			112.001.11.12.0	СРР	54.2		MATE INTERVA
	PART I. DEATH WAS CAUS	only one couse per	line far (o), (b), an		. 10	00-		BETWEEN	ONSET AND DE
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ol .	214-11-7448 Mr. John .	l3oi b. Northern H.s. Jeppi - Taltimore, In. 21239

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that the d by the ease rem of, crems or other t	couse (o), stofing the underlying couse lost.	DUE TO, OR AS A COI	NSEQUENCE OF	ular	Acc	ident		
requires sen signe i Then pl or ta buri y injury, o	PART 2 OTHER SIGNIFICANT (A	bludd			INAL DISEASE OR CONDITION GIVES	N IN PART 1/a	

IN CERTIFYING CAUSES OF DEATH? CERTIFIC NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

220.1 certify that (1) This haspital attended the deceased from Ma 65 and that in opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

^{23b} DATE 4/1/85 230 BURIAL, CREMATION, REMOVAL BURIAL 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Balto, Nat'1 Cem.

Wm C March F/H Inc. 1101 North Avenue MAR 29 1985 what times down fandale

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate hos should be detoched for use as the burial-fransit per with the State Dept. of Heolth and Mental Hygiene

OR ATTENDING PHYSICIAN:

marked or Item 18 sha

MPORTANT: If It

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

74 FUNERAL DIRECTOR

REG NO 20 DATE OF DEATH MONTH 7h HOUR (HENRY) Joe 10:06 , March 15, 1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1100 Bolton St. 21217 Joe Olivia McCorkle 4015 The Alameda PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE March 15 85, and that in (m) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital MD STATE Laurel COUNTY Maryland Nat'l 3/21/85 Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	53 (25)
THE ARTHUR DESCRIPTION OF THE PROPERTY OF THE	

08	1081	١,	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 6 5	7710
, B	24)	{T	DECEASED NAME FIRST PROPRINT) Gallie	MIDDLE L.	Johns Is date of birth	20 DATE OF DEATH MONTH 3 6 AGE (IN YEARS (AST BIRTHDAY)	14 85 4-03AM
ge 4	ector.	3.	Female	Caucasion	MONTH DAY YEAR OF DAY 1895	89	MONTHS DAYS HOURS MIN.
leath. Pa	in 72 hou	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX ORCED	Baltimore city or cou	C' ty MD.
rs ofter d	by the fu	3/8	altimore	So. Baltimore	General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) Housewife	NG (IFE) NO KIND OF BUSINESS OR INDUSTRY Home Maker
n 24 hou	filled in	5	DAL RESIDENCE (IF NURSING HOME OR STATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY IST CITY OR TOW Clen Burl	N 13d INSIDE CITY LIMITS?		ODE 21061 : Shway Apt 904
ed with	ampletely and 2 si	20"	FATHER'S NAME Unknown	-Junknow	n Kate	ME MIDDLE	Johns
se execut	Poge L	2 169	WAS DECEASED EVER IN U.S. AR. (YES, NO OR WINKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 2311691	1 4 1 1 14 1	ADDRESS 1308 Morling	21211 Avenue Balto Md
quires that the death certificat	signed by the attending physisen please remove carbonpap a burial, crematian, ar remova jury, ar ather traumatic event,	2	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) Probable DUE TO, OR AS A CONSEQUE (c) CHF	ENCE OF rese bra	L inforcts. NE and Ostlma MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
he law red an.	t permit I tene prior I	Septien Callon	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: T	bunal-transi Mental Hyg or Hem 18 sh) INDIVIDUAL OF THE PROPERTY O	OR CONTRIBUTING TO CAUSE OF DEA	P.M. 21e PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEA	
or offen	se as the ealth and marked	3	AT WORK	(AT HOME, STREET FACTORY OFFICE F	ARM. ETC) STREET	5. to 14 March	COUNTY STATE
TAL OR ATTEN y the hospital	RAL DIRECTOR detached for use rate Dept. of H VI: If Item 21 is		226 SIGNATURE DO	Dru	DEGREE ATTENDING PHYSICIAN [_ MEDICAL _ STAFF \	have and from the causes stated 221 DATE SIGNED 14 May 1985
FO HOSPI	should be de with the State		22d PHYSI	B. CORN	3001 S. +	Anouse BA	TIMORE MD.

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem Pk

DHMH - 16 60M 7/84

BP.

14 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchie Mgwy Balto Md

23h DAJE 3/18/85

230 BURIAL CRÉMATION, REMOVAL ISPECIFY Burial

MAR 20 1985

APUNA.

Md

23d LOCATION Glén®Burnie

CONTRACTOR OF THE PROPERTY OF

ond completely filled in by the funeral oges I and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

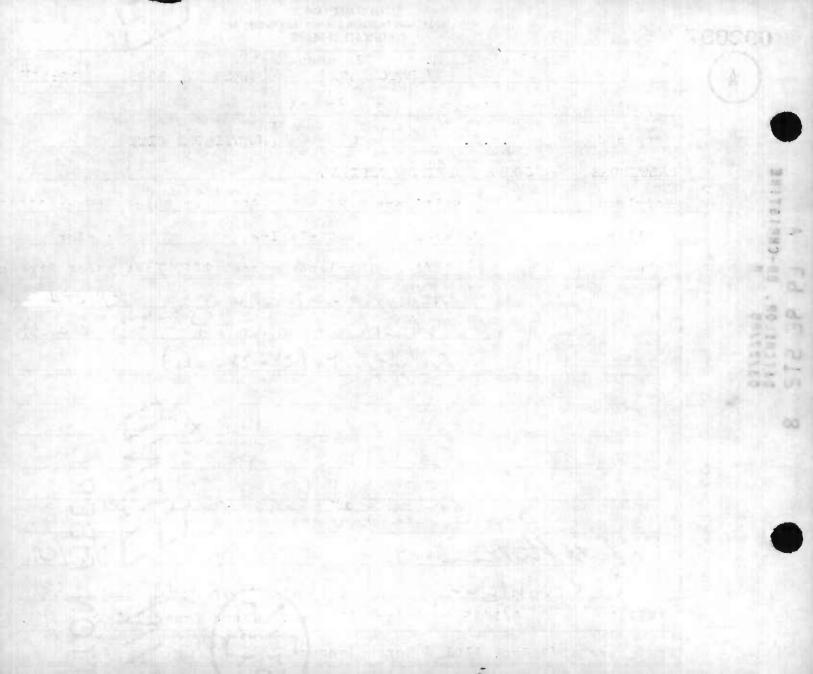
BP______ DHMH - 16 50M 4/ (VRA 15, 4)

executed within 24 hours ofter

1 -	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	er I L.	Johnson		3-7-85 857
3. SE	MALE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	3 - 8 - 34 MARRIE D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
0	MO ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE DIVORCED NO INTERPRETATION ADDRESS)	120 USUAL OCCUPATIO	
USU, 13e S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS / 2437 Revis	zip code steu trun Rd 21
14 FA	ATHER'S NAME FIRST Cuntin	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDIE	Johnson
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-34	- 1 44	ADDRES	Grantley Rd.
	IMMEDIA		,		
ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR ASIA CONSEQUE (b) OUT THE DUE TO, OR AS A CONSEQUE (c) BOUT TO CONDITIONS CONTRIBUTING TO E	ial Meningetis	to	206 IF YES, WERE FINDINGS USED
ERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR ASIA CONSEQUE (b) ORDER DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	COLUMN WAS PERFORMED	MINAL DISEASE OR COND 200 AUTOPSY? YES \(\) NO \(\)	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\rightarrow} \text{\rightarrow} \text{\rightarrow} \text{\rightarrow} \)
DICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 18 ETHER NOTIFY MEDICAL EXAMINE	DUE TO, OR ASIA CONSEQUE (b) OUT OF THE CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19	MINAL DISEASE OR COND	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\rightarrow} \text{\rightarrow} \text{\rightarrow} \)
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTE.	DUE TO, OR ASIA CONSEQUE (b) DUE TO, OR ASIA CONSEQUE (c) DUE TO, OR ASIA CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA HOR A.M. MONTH DA 21a PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH: YES NO 1
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27a.1 certify the (1) this hosp sow the deceased alive as	DUE TO, OR ASIA CONSEQUE (b) OUT OF TO THE	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET ARM. ETC.) DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOW deoth occurred on the dat	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH: YES NO
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a.1 certify the COuntry has been been controlled to the controlled to the country of the country	DUE TO, OR ASIA CONSEQUE (b) OUT OF THE OF INJURY ATH P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. itol) attended the deceosed from 3 7	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET ARM. ETC.) DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

STATE OF MARYLAND





FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

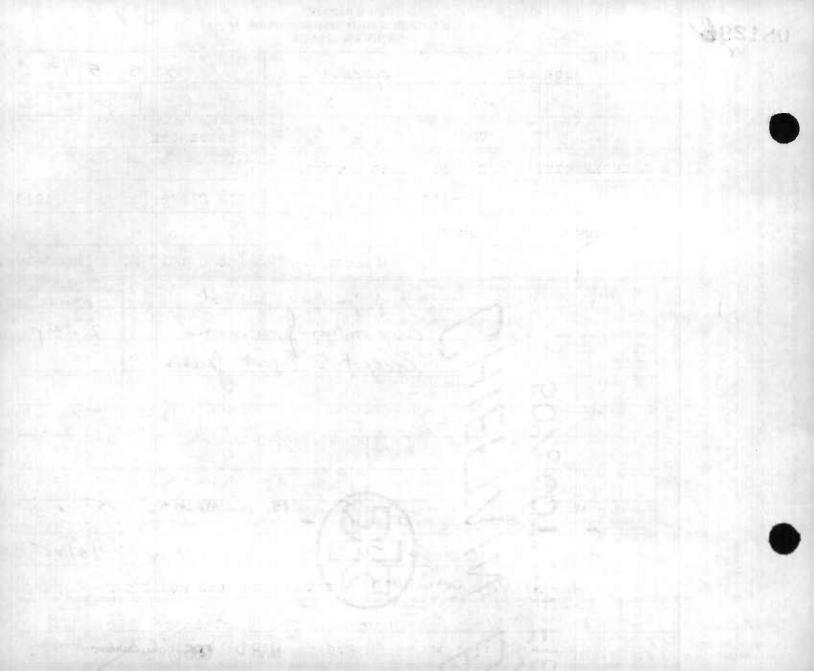
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	CEASED NAME	FIRST	M	DDLE	L.	AST	100	20. DATE OF E	EATH	MONTH	DAY	YEAR	2b. HOU		_
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SE	X .	4	RACE		S. DATE C		WE A D	6 AGE (IN YEA		THDAY)	MONTH	DER I YEAR	IF UNDER	24 HRS	_
Ma	ale		Blac	k	10	E ^{vd}	96	88	3	YRS		DATS	HOURS	Miles	
. Bi	RTHPLACE (STATE OR COUNTRY) S.C.	FOREIGN 76		THAT COUNTRY	? B MARRIEI WIDOWE	D NEVER M	ARRIED O	9. BALTIMOR	TIM		TY OF D	EATH			ND.
	TY OR TOWN OF DE ALTIMORE		(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE ON MEM	ET ADDRESS)			170 USUAL OF				L KIND O	F BUSINE	SSO	R
	AL RESIDENCE (IF NUR STATE MD	13b COUNTY		Baltin		13d INSIDE CI	TY LIMITS?	131SIREF6A	CII	£tv.	DE 1 ew	Ave	. 2	121	L 3
FA	Januar	Y	J.	ohnson		15. MOTHER'S	MAIDEN NA	ME	WIDDLE			LAS	T		
	VAS DECEASED EVER			247-26		Rosa Rosa		obinso	addr n 1		N.	Ell	WOO	d A	Αv
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED I	BY.	-	A	ulmor	an	ams	+		1		MATE INTER		=
2	Conditions, if any gave rise to im couse (o), stati underlying caus	mediate ng the e last	(b) DUE TO, OR (c)	AS A CONSEQUAS AS A CONSEQUANTRIBUTING TO	UENCE OF	not related	lie	en mor	na elli OR CON	IDITION (GIVEN IN	2 NPART IN	dan	p	_
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MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING. (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	CAUSE OF DEATH DICAL EXAMINER) RRED	P.M 21e PLACE C	MONTH E	DAY YEAR 19	211 LOCATIO		RED (ENTER NATU	CITY OR TO			OR PART 2)	5	TATE	
	220.1 certify that M saw the decear above, (1) (22b. SIGNATURE	sed olive an (did) (ddd	March view the bady o	5 19	85 . or	DEGREE AA D A	TTENDING	death occurred	STA	ate and h	aui and	22c. DATE		ated	st'
	224. PHYSICIAN'S N	IAME (TYPE OR P	RINT)	MAN		22e ADDRES		DIRECTOR L		7	IAT		,		
3 e E	BURIAL, CREMATION	, REMOVAL	236 DATE 3/11/8			EMETERY OR C			E i ma	ore	-	UNITY	MD	TATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

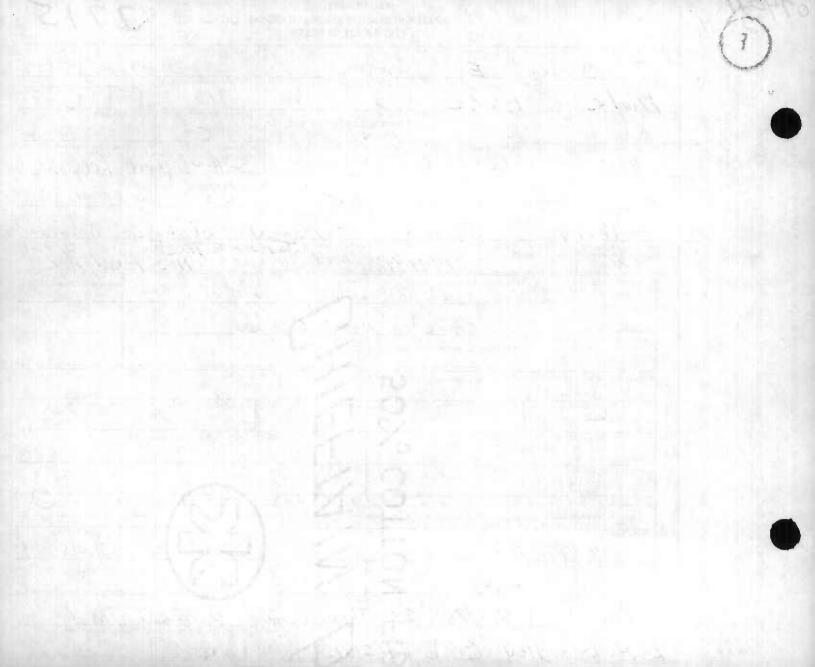
BP.

24 FUNERAL DIRECTOR AL NAME C. 1101 ASPRESS North Ave. March F/H

MAR 6 1885 FEGISTRAR'S SIGNATURE



149	W	1.	FOR	DEPARTME	STATE OF MARYLAND IT OF HEALTH AND MENTAL HY	GIENE 8 5	07715
100	1	Ι'	STATE REGISTRAR		ERTIFICATE OF DEATH	REG. NO	1110
	1		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 76 HOLIR
deo y	14		Charle	W E	ohnson		3 10 85 5-309
ano ano		3 SE	× m Ø 1		DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
oge 4			Male	Black	2 3 94	91	YRS.
rh. Po	2 Conce	7a. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
fune fune	\$	10.0	M OC ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING	DIVORCED DIVORCED	CITE	N N N N N N N N N N N N N N N N N N N
rs after by the) the		Batt.	(IF NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	(TYPE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS OF EWORKING LIFE) INDUSTRY
5 e	st be	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADAINTY 136. CITY OR TOWN	AISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	21217
in 24 hk ly filled shauld b	125			batt. Ball.	YES NO	160561	Inone ST N.
2 t	Smine	14. F	ATHER'S NAME FIRST	MIDDLE LAST,	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Teo Teo	- S	16.	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECURIT	NaNC	4 10	hNSON JOHNSON
e execu	medico		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	84/10 Medical	tome E Hou	510N, 12/22
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endi	mof			DUE TO, OR AS A CONSEQUENCE	. 11 . 1		
off off	trou		Conditions, if any, which gove rise to immediate	(b) Con coliv	1 Near Souls		
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sign sign to bu		Z	11	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
e . T	ž —	₹ E	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	EPATION WAS DEBEORISED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
n. nos bi	× × ×	CERTIFICATION	THE DATE OF OPERATION	1198 CONDITION FOR WHICH OF	ERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
The crop	é —	- =	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21- 110-11-01-11-02-01-0	YES NO	YES NO
SICIAN: Ting physicince certificate mal-fronsitental Hyginental Hygin	00		OR CONTRIBUTING CAUSE OF DE		YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART (OR PART 2)
SICIA ng ph certifi unal-tr	Hea	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE		19		
PHYSI ending this ce he buri	o pe	A G	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	ETC) 211 LOCATION STREET	CITY OR TO	NN COUNTY STATE
0 = 0	rke		AT WORK NOT WHILE				1 6
NDIN Or or	8		22a I certify that (1) (this hasp	oital) attended the deceased from	3/10 1985		10 , 19 8 , that (t) (we)
R ATTEN haspital RECTOR	5		saw the deceased alive or obove. (1) (we) (did) (did no	ot) view the body ofter death.	ond that in (my) (our) opinion	death occurred on the do	te and hour and from the causes stated
	- e		22h SIGNATURE	or the state of the decim.	DEGREE	1 - 2	22c. DATE SIGNED
_ 0 _			1.026	Min	ATTENDING PHYSICIAN [MEDICAL STAF	
HOSPITAL Ined by th FUNERAL old be det	Z-	1	224 PHYSICIAN'S NAME (TYPE	9k PRINT)	22e ADDRESS	_ DIRECTOR PHISIC	JI/0/83
TO HOSPIT retained by TO FUNER should be a	MPORTANT		Henry O	hlenev	1 / where	n Hacipit	al
of of sky	3	230	BURIAL, CREMATION, REMOVAL		DE OF CENTERN OF COCK	1934 10 CATION	
DD		230	SPECIFYI .		AE OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP		24.5	Durial UNERAL DIRECTOR	3/15/85 5	· I homas cemek		anore, M.d.
DHMH - 16 50M	4/83	24.1	NAME / D	// ADDRESS	1		25h REGISTRAR'S SIGNATURE
(VRA 15, 4)		1	. H. Doar	1/ey Camb. M	d. 216/3 MA	R 1 3 1085	Widows Bronds 20



STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

whia Davidson-Mandala

CERTIFICATE OF DEATH

REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR L DECEASED NAME LIYPE OR PRINT CHARLES Isaac IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **Slack** Male 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY (Baltimore) Maryland DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TTYPE OF WORK FOR MOST OF WORKING LIFE REV Laborer Beth. Steel Baltimore HOSP USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e.STREET ADDRESS / ZIP CODE 3700 Egerton 130 STATE 136 COUNTY 43c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore NO [Road Baltimore, Maryland 21215 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Bishop Johnson Sarah Thomas Isaac 16b. SOCIAL SECURITY NO 17 INFORMANT 3700 Egerton Road Baltimore, Maryland 21215 212-07-3717 No. Geneva J. Johnson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: RESIDIRATORY FAILURE 50 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ELECTROL-ITE I PROTEIN ABNORMALITIES Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION Arbutus Memorial Park Cremation Baltimore, Maryland

2501 Gwynns Falls Parkway

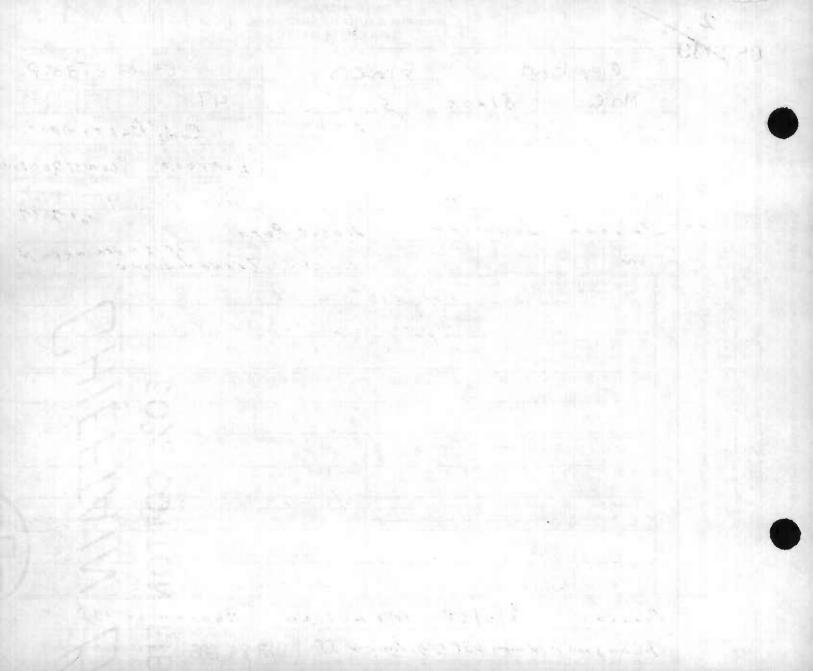
Funeral Home Inc. Baltimore, Maryland 21216

DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND

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FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 CEPTIFICATE OF DEATH

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MON H	TH	DAY	YEAR	2b HO	UR
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	57	- 4	46		

	REGISTRAR				CERTII	ICAIL OI DEATH	REG. NO	٥.		
. DE	CEASED NAME	FIRST		WIDDIE	- L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYP)	OR PRINT)	JAMES	5	HARVEY	JO	HNSON	MARC	H 1	5 1985	
3 SE	X - 7 -	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	
	MALE		B	LACK	JANU		54	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	Y OF DEATH	
	ARYLAND		U	SA	WIDOWE		BALTIMORE	CITY		MD
10 C	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPATI			OF BUSINESS OR
	BALTIMORE		1904	N. LONGW	OOD S	T.	UNEMPLOY		FE) INDUSTRY	
	AL RESIDENCE (IF NURS	136 COUNTY		TI36, CITY OR TOW		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		21211-
M	ARYLAND	-		BALTIMO		YES NO		WOOD		-105140
14 F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	JAMES	MID	DLE	JOHUSEN	la."	FIRST	WIDDLE		LAS	
14- 1	WAS DECEASED EVER	INITIC ADAGE	D FORCECO	16b SOCIAL SECU		SARAH 17 INFORMANT	ADDRE	CC	JOHNS	ON
	YES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)							
	YES	KORE	EAN	218-26-0	173	MYRNA E. JOHN	SON 1904 LO	NGWOO!		21216
	18 CAUSE OF DEAT			line for (a), (b), on	dicij		. 16	Title	BETWEEN	ONSET AND DE ATH
	PART I. DEATH W	IMMEDIATE (Coroner	4 01	rucry disease	e probable			
	Conditions if any									
	gove rise to im-	rise to immediate							-	
	couse (a), stating underlying couse									
	PART 2 OTHER SIGN	NIFICANT COL	ADITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GI	VEN IN PART 1	n'
Z	Peripleral		lar di		T	ted set chrom	1-1 1-	1	1	
CERTIFICATION	19a DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDE	
FIC						THAT EN GIVIED	INCERTIF		YING CAUSES OF DEATH?	
E						To:	YES NO	YE		NO 🗌
	21a. ACCIDENT WAS UNI		HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDI		P.	M.	19					
MEDICAL	21d INJURY OCCUR	RED		OF INJURY		21L LOCATION STREET	CITY OF TO	A/N	COUNTY	STATE
¥	WHILE NOT WE	RK		REET, FACTORY OFFICE, F		STREET	CHIONIO			STATE
	220.1 certify the (1) this hospital) attended the deceased from July 19 84 to Janu 19 35 that (h (we) lost									
	sow the deceased alive an									
	775,SIGNATURE	1	iew the body	d deom.		DEGREE			22c DATE	SIGNED
	John (1.0	12.	1. MD		ATTENDING	MEDICAL STAFF		5-1	9-85
	22 HYSICIAN'S N	2 HYSICIAN'S NAME (TYPE OR PRINT)			PHYSICIAN DIRECTOR PHYSICIAN				, , ,	
	4-1-0	0 111-4 %			122 S. Green Street Boll MD 2(20)					201
	1000 61		4			I M. Mar and a Car Maria in a		100-	7 7 2 4 40000	

MPORTANT

FUNERAL DIRECTOR should be detached with the State Dept.

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 3-19-85 CREMATION

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

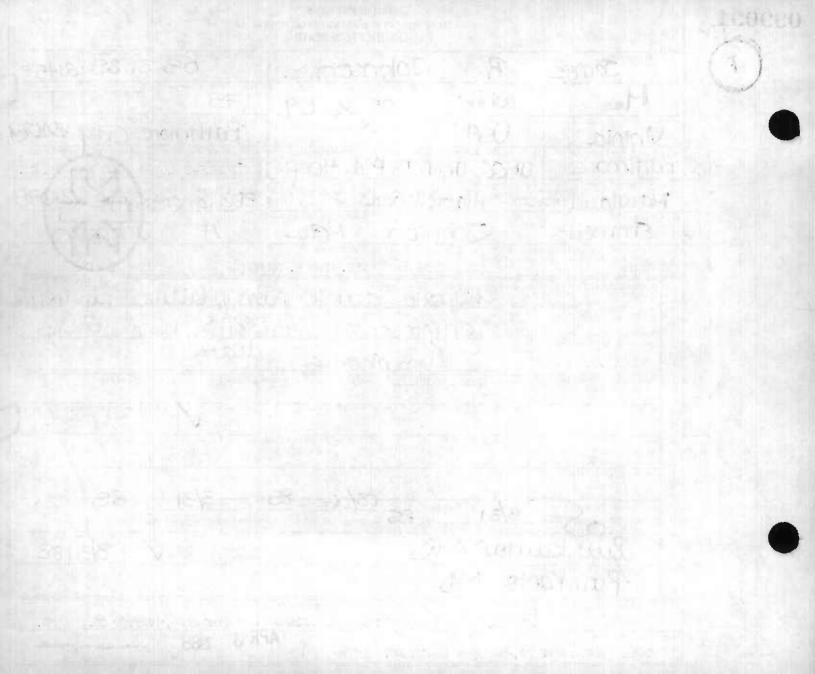
COUNTY STATE MARYLAND

24 FUNERAL DIRECTOR NUTTER & SONS 2501 GWYNNS FALLS PARKWAY

SECURITY PROCESS INC CATONSVILLE MARYLAN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MIAN 9 1985

Te Dank B	SENDING SELECTION	Moss	KHOL	YEVEL	HEMME.	
		Ser es y	ALMAK.	10/08		
	Yan as No lee	25000 11 (-2				-mb-Trings
	03,010191911		. JJ =	ac. a a		
1.0	1900 LONGWOOD		h	PILS		
H. LLHOT		19.45. (1.00	U II ou		420
.10	Lo giller was you.	film p. Julia	M 28 pt-			



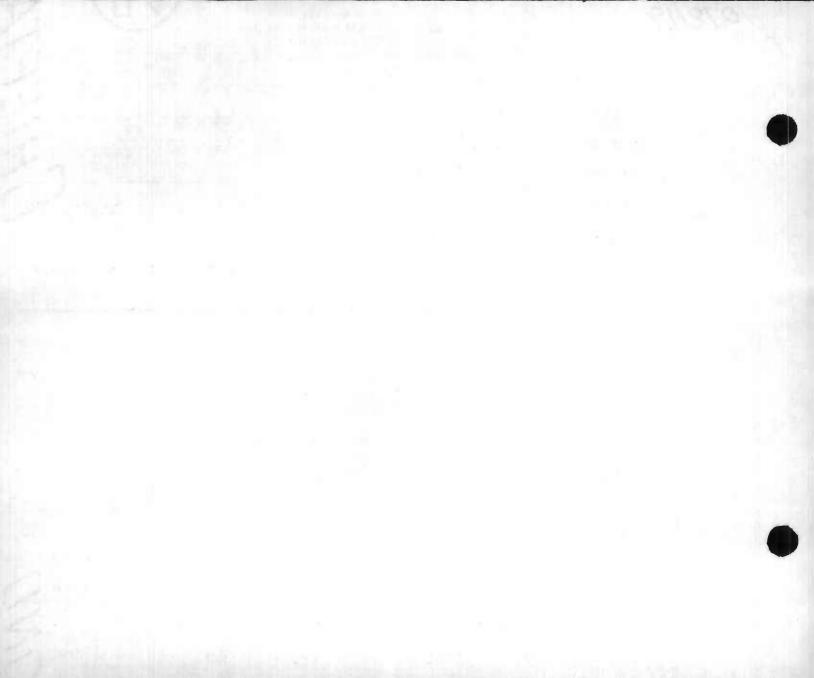
81298	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0 7	7 2 1
F		CEASED NAME FIRST OR PRINT) JEREMIN	H NMN WIDDLE	JOHN SON	20 DATE OF DEATH	3 4	VEAR 26. HOUR 85 87 P M
	3. SE	MALE	1. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 3 2 18	6. AGE (IN YEARS LAST BIRT	MONTH!	DER) YEAR IF UNDER 24 HRS
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE	76. CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY O	R COUNTY OF D	
4 4 4 8		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF DRY DOCK WE	F WORKING LIFE) IN	MD DRY DOCK
filled is to could be fa	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136, COUNTY LAND) BALS	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
1 12 200	14. FA	ALE X ande	WIDDLE WM JOHN	SOW FRANCE	MIDDLE		QUE & N
Poper Poper	60 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC 214-05		Johnson -	1997	Pacific ST
physical movel.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and BY: TE CAUSE (a) FXSANG	NATION FROM ARTE	RIOVENOUS SI	HUNT	BETWEEN ONSET AND DEATH 3-4 MINUTES
Security of the control of the contr		Canditians, if any, which	DUE TO OB AS A CONSEQU	PENCE OF ALLURE (ACUTE)			6 DAYS
bot the control of cremot		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	VENCE OF ANEUTY	m RESECTI	ON	8 12413
aguine 1 Then ple 10 benin	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	WIN AL DISEASE OR CON	DITION GIVEN IN	PART IIa
1 1 1 1 9	TIFICATION	190 DATE OF OPERATION 2126/85	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?			
Clan I	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	PAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O)R PART 2)
WISION offending the flux of the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	WN C	OUNTY STATE
VITENDO expendo expend		saw the deceased alive an		FEBRUARY 28, 19 55 55, and that in (my) (aur) apinian			from the causes stated
At OR A the No.		Splu STE	selsm. mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3/4/85
Direct by Puneth Parket Str. Webstaw	1	1	rse lsun	UNIVERSITE	1 OF MARY	CAND H	toso TAL
BP	23a. I	BURIAL, CREMATION, REMOVAL	3/9/85 7	NAME OF CEMETERY OF CREMATORY	Brook Brook	lyn A	A. mistatel
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 E	DIVERAL DIRECTOR NAME ALL B B B B B B B B B B B B	Odin - / ADORE 453	Dani Mill 1860	LE RECID. BY REGISTRAR	SIL REGISTRAR'S	SIGNATURE

A CONTRACT marylond STATE OF BUILDING AND A STATE OF THE STATE OF THE A NO 14/85 not lehran Buckley AA mit the sale of the flat of the sale of the sa

DHMH -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	EASED NAME	FIRST			A .	AST			DEATH A	HTMON	DAY			IR
1			1 46.51	'	MIDDLE	L	MOI		20. DATE OF	DETTIL		D 41	YEAR	26. HOL	
	(TYPE	OR PRINT)	Julia	Anr	n	John	nson				3	14	85		
1	3. SEX			4. RACE		S. DATE C	F BIRTH		6. AGE (IN YE	ARS LAST BIRTH	HDAY)	IF UNDER		IF UNDER	
	J. JE	Female	2	Blac	ck	MONTH 11	2	ĭ [^] 7		67	YRS.	MONTHS	DAYS	HOURS	AI M
. 1		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER A	AAPRIED T	9. BALTIMOR	E CITY OR	COUNT	Y OF DE	ATH		
3		Virgin	ia	U.S.	.A.	WIDOWE		VORCED _	Balt	imore	e Ci	ty,			,
20		altimo		11. NAME OF I	HOSPITAL, NURSI CLITT	NG HOME C	enue	TITUTION	120. USUAL C				KIND O USTRY	FBUSINI	SSC
25	13a S	AL RESIDENCE (TATE arylan	_ 13b COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	WN	13d. INSIDE C	ITY LIMITS?	13e.STREET A	DDRESS /			enu	e 2	12
		THER'S NAME Ulyss		WIDDLE	Gains			FIRST	ME	MIDDLE			LAS	ī	
20	16a V			RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMA	NT		ADDRES	SS				
1	()	NO OR UNKNOV	(IF YES, GI	IVE WAR OR DATES)	212-22		Bowle	er Joh	nson	2101	Cli				
		18 CAUSE OF	DEATH (Enter o	inly one couse per	Culene		7	10	-b			8	ETWEEN C	MATE INTE	DEA
		Conditions, if	stating the	(b)	R AS A CONSECU							+			
	NO	gove rise to cause (a), underlying	stating the couse last.	(b)		UENCE OF	NOT RELATED) TO THE TERM	IN AL DISEASE	ORCOND	DITION GI	IVEN IN I	PART 110	.	
7	TIFICATION	gove rise to cause (a), underlying	s immediate stating the couse last.	DUE TO, O (c) CONDITIONS C	r as a consequ	DEATH BUT			INAL DISEASE 200 AUTO YES		20b. 1F YE	ES, WERE IFYING (EFINDIN	IGS USE	TH?
2	AL CERTIFICATION	gave rise to cause (a), underlying PART 2. OTHER 19a DATE OF C 21a. ACCIDENT WOR CONTRIBUTION	Dimmediate stating the couse lost. R SIGNIFICANT PERATION VAS UNDERLYING [G] CAUSE OF DE	DUE TO, O (c) CONDITIONS CO 196 COND 216. TIME CO HOUR A	ONTRIBUTING TO	DEATH BUT	N WAS PERFO		200 AUTO	PSY?	20b. 1F YE IN CERT Y	ES, WERE IFYING (E FINDIN CAUSES	IGS USE OF DEA	TH?
2	MEDICAL CERTIFICATION	gove rise to cause (a), underlying PART 2. OTHER 19a DATE OF C 21a. ACCIDENT WOR CONTRIBUTION LIFETHER, NOTE 21d. INJURY OF	immediate stating the couse lost. R SIGNIFICANT PERATION VAS UNDERLYING [G	(b)	ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR	N WAS PERFO	DRMED	200 AUTO	PSY?	20b. IF YE IN CERT Y	ES, WERE IFYING ('ES PART 1 OR	E FINDIN CAUSES	IGS USE OF DEA NO [TH?
2		gove rise to cause (a), underlying PART 2. OTHER 19a DATE OF C 21a. ACCIDENT WOR CONTRIBUTION IF EITHER, NOTE 21d. INJURY OF WHILE AT WORK 22a.1 certify to saw the design of the contribution.	D immediate stating the couse lost. R SIGNIFICANT PERATION VAS UNDERLYING [G	(b)	ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	21t. HOW IN 21t. LOCATIO	DRMED	ZOO AUTO	PSY? NO TO	20b. IF YE IN CERT Y	ES, WERE (FYING (VES) PARTIOR	E FINDING CAUSES	NGS USE OF DEA NO [STATE
II: If them 21 is marked or nem 10 stows only injuly, or other troomback		gove rise to cause (a), underlying PART 2. OTHER 19a DATE OF C 21a. ACCIDENT W OR CONTRIBUTION IF EITHER, NOTE 21d. INJURY OF WHILE AT WORK 22a.1 certify the sow the dispove, (I) 22b. SIGNATURA	D immediate stating the couse lost. R SIGNIFICANT PERATION (AS UNDERLYING [G] CAUSE OF DEET MEDICAL EXAMINE CURRED NOT WHILE ALL WORK ALL WORK ONLY (I) (this hosp eccosed alive a (we) (did) (did not see the county)	DUE TO, O (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH I OF INJURY REET, FACTORY, OFFICE the deceosed from y other death.	DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.)	21t. HOW IN 21t. LOCATIN SIREET and that in (my) DEGREE	IJURY OCCURI	ZED (ENTERNA LED (ENTERNA death accurred	PSY? NO CITY OR TOV CITY OR TOV	20b. IF YE IN CERT Y IN ITEM 18	ES, WERE (FYING (VES) PARTIOR	E FINDING CAUSES	that (I) (couses st	TH?
nem 21 is marked of nem to shows		gove rise to cause (a), underlying PART 2. OTHER 19a DATE OF C 21a. ACCIDENT W OR CONTRIBUTION IF EITHER, NOTE 21d. INJURY OF WHILE AT WORK 22a. 1 certify fit sow the dobove, (1) 22b. SIGNATUR 22d. PHYSICIAL	D immediate stating the couse lost. R SIGNIFICANT PERATION PAS UNDERLYING [G] CAUSE OF DE YMEDICAL EXAMINIC CURRED NOT WHILE AT WORK NOT (I) (this hosp ecceosed dive a come) (did) (did not be come) (did) (did) (did)	DUE TO, O (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	ONTRIBUTING TO ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.)	21t. HOW IN 21t. LOCATIL STREET And that in (my) DEGREE	IJURY OCCURI	ZED (ENTERNA deoth occurred MEDICAL DIRECTOR	PSY? NO DITURE OF INJUR CITY OR TOV	20b. IF YE IN CERT Y Y IN ITEM 18	ES, WERE IFYING (FES	PART 2) PART 2) POUNTY SOUNTY SOUNTY SOUNTY	that (I) (couses st	TH?



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST	٨	VIDDLE	(AST	-	20. DATE OF DEATH	-	AY YEAR	26 HOL	
	(TABE	ORPRINT)	MARY	V	IRGINIA		JOHNS	ON		3 2	1 85	230	AM
	3 SEX	(1	RACE		5. DATE C			6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER	24 HRS
		Female		Whi	te	MONTH 9	23	17	67	YRS	UNITED DATS	HOURS	MIN,
		RTHPLACE (STATE OR FO	REIGN 7	6 CITIZEN OF	WHAT COUNTRY	? 8 - MA PRIE	□ NEVE	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
6		ryland		U.	S.A.	WIDOWE		OIVORCED	Balti	nore Cit	ty		MD.
-	10 CI	TY OR TOWN OF DEAT	Н 1		HOSPITAL, NURS		R OTHER IN	STITUTION	12ª USUAL OCCUPA		12b. KIND C	F BUSIN	ESS OR
9		ltimore			nes Hosp		E.D		Clerk		Hosp	ital	
5	M.	aryland	3b COUNT	OTHER INSTITUTION TY	I31. CITY OR TO	WN	YES 🔀	NO 🗌	130 STREET ADDRESS		. Apt	2N :	21229
	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHE	R'S MAIDEN NAM	MIOOLE MIOOLE		LAS	ΣĪ	
		Patrick			Conlo			Émma			Wehr	ing	H.
		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORA	ANT	ADD	RESS			
		NO			212-24-	-7552	Edit	h M. Moo	re 5755 l	Jtrecht		2120	
		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	ane cause per	line for 101, 161, c	and (c)		1 . 1	1.10 57.1		BETWEEN	MATÉ INTE ONSET AND	RVAL DEATH
				CAUSE (o)	andro	respir	atom	fail	me			Mil.	
				DUE TO, OF	AS A CONSECU	UENCE OF	0	V					
	J. C	Conditions, if ony,		(lb)	Pnew	monie							
		couse (o), stoting	the	DUE TO, OF	AS A CONSEQ	UENCE OF	٨						
ì		underlying couse	lost.	(c)_	Pyopn	lumo	thora	se					
	NO	CVA,	FICANTO	onditions <u>co</u>	Filmill	DEATH BUT	NOT RELATI	Scine	NAL DISEASE OR CO		N IN PART 1	0	
0	CERTIFICATION	190 DATE OF OPERATIO	ON	196 CONDI	TION FOR WHIC	H OPERATIO	WAS PERF	ORMED	200 AUTOPSY?	/ 20b. IF YES,	WERE FINDI		
-	TIE								YES NO	YES	ING CAUSES	NO [
2	CER	210. ACCIDENT WAS UNDER		216 TIME OF	FINJURY M. MONTH I	DAY YEAR	21c. HOW	INJURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PART 2)		
7	CAL	OR CONTRIBUTING CA		P./		19			1.00				
	MEDICAL	214 INJURY OCCURRE		21e. PLACE (OF INJURY	FARM ETC)	21f LOCAT		CITY OR	TOWN	COUNTY		STATE
	~	AT WORK AT WORK											
		22a.1 certify that (1) (A -		- 19 A	_, to man	2/.1		that (I) {	
	10	sow the deceased above, (1) we did	olive on _ did not	view the body				our opinion di	eoth occurred on the	date and hour	ond from the	couses st	oted
	7.4	226. SIGNATURE	-		1		DEGREE	ATTENDING	MEDICAL ST	AFF L	22c DATE	SIGNED	/_
		mo	me	re	Lu		100	PHYSICIAN [ICIAN D	3/	2//	13
1		22d. PHYSICIAN'S NAM	AL ITYPE OR				22e ADDR		3 - 0 - 6	10			
		Lec!	1	oonhe			1 2		gnes F	37.			
		URIAL, CREMATION, RI		3/25/	0 =			CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		yland
		Buria:	T	3/23/	[ده	Loudon	rark	Cemetery	Baltimo	re		Mar	yland

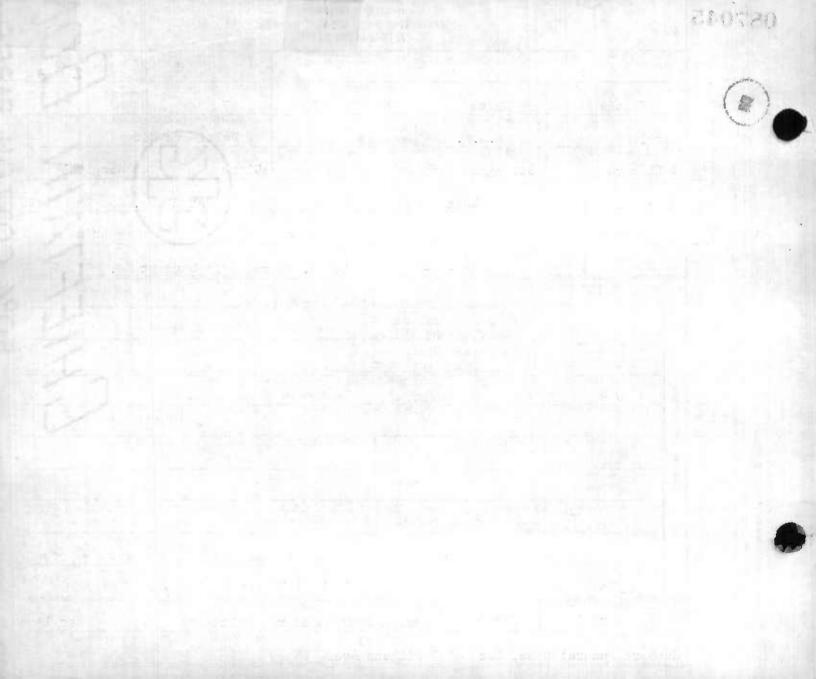
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

21229

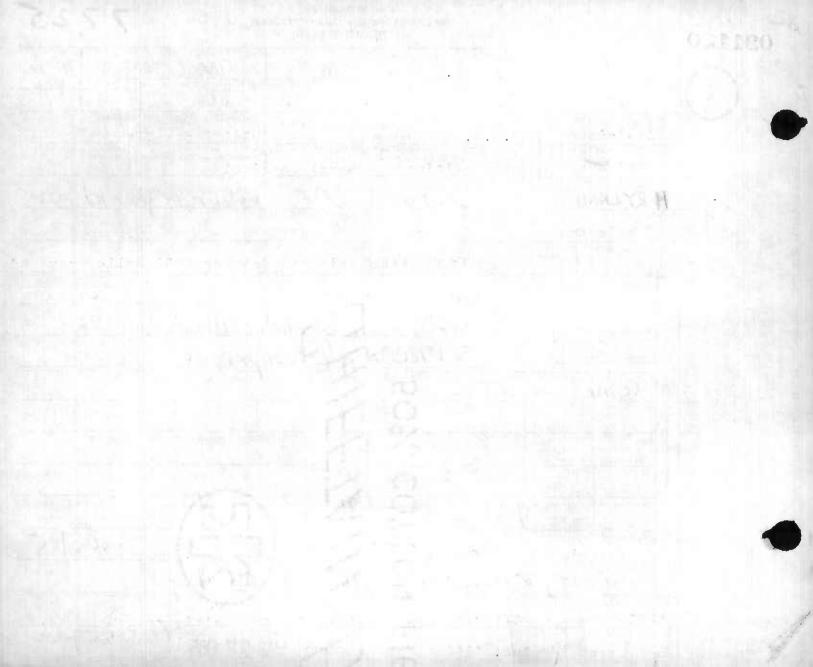
BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



VOIDED DEATH CERTIFICATE NUMBER 85-07724

April, 1985 death





BP______ DHMH - 16 50M 4/ (VRA 15, 4)

081111	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 💍	S REG. N	ر ام	7	1	
	I. DECEASED NAME FIRST	MIDDIE	LAST	2s. DATE	OF DEATH	MONTH	DAY	YEAR	12

	REGISTRAR					REG. NO	Э.			
	CEASED NAME FIRST	MIDDIE		ASI		2s. DATE OF DEATH	MONTH	DAY YEAR	2b. HO	JR S G O
() (*)	Thom	as D	Joh	NSON			3	16 85	1:0	O di
3. SE		4 RACE	S. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS
	male	Black	MONIH		YEAR	20		MONTHS DAY	HOURS	MIN.
7- 0			O T	3 14	14	9. BALTIMORE CITY O	YRS.	V OF DEATH		
/a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	MARRIE	NEVER MA	ARRIED -	V. BALTIMORE CITY O	K COON!	TOFDEATH		
	Maryland	051-	WIDOWE		ORCED 🗌	City				MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTIT	UTION	12a. USUAL OCCUPANA (TYPE OF WORK FOR MOST O			OF BUSIN	ESS OR
B	affimore	SIN		pital .		Retired			er cl	uh
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION)							44.
130	STATE 136 COUR	13c. CI	TY OR TOWN	YES TO 1	Y LIMITS?	13. STREET ADDRESS	ensh		- 0	1011
14 F	ATHER'S NAME	130	iltimaie	15. MOTHER'S			CN 3/3	erry Hu	0	121
	homas	MIDDLE	LAST	FI	RST	WIDDLE		1	AST	
			nnson	Lottie				Bar	kley	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GIV	MED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMAN	T	ADDRE	:55		_	
· ·	No	21	4-03-1963	10++:0	11 7.1.			. 4	110.	2121
	18 CAUSE OF DEATH (Enter or	ly one couse per line for	(a) (b) and (c)		301	TUSUR 2125 Y	ween	5 DW LGPPRO	XIMATE INTE	RVAL
	PART I. DEATH WAS CAUSE	DBY O-	1-11 -		0.			at 1 wage	A ONSET AND	DEATH
	IMMEDIA	TE CAUSE (0)	ILOGIN DV	eumoni	4					
		DUE TO, OR AS A	CONSEQUENCE OF							
	Conditions, if ony, which	(b)								
	gove rise to immediate couse (a), stating the)								
	underlying couse lost	DUE TO, OR AS A	CONSEQUENCE OF	-						
		(c)								
z	PART 2. OTHER SIGNIFICANT	. 1	- 1 11		O THE TERM	IN AL DISEASE OR CON	DITION GI	VEN IN PART	Ho	
CERTIFICATION	Kenal fa	iluie 1		tension,			Territoria			
S	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFOR	MED	20s AUTOPSY?		S, WERE FINE IFYING CAUSI		
TE						YES NO		ES 🗍	NO [
8	218. ACCIDENT WAS UNDERLYING			21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2		
	OR CONTRIBUTING CAUSE OF DE	AIR -	ONTH DAY YEAR							
S	116 EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJU	19	21L LOCATION						
MEDICAL			ORY, OFFICE FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY		STATE
	AT WORK NOT WHILE			1						
	22s I certify that (I) (this hospi	tal) attended the deced	sed from	27	19 85	10 3-11	9	19 83	, that (1) (we) lost
	sow the deceased olive on	3-16	19 8 5 ar	d that in (my) (a	our) opinion o	death occurred on the de	ate and ho	ur and from th	e causes st	ated
	obove, (I) (we) (did) (did no	t) view the body after de		DEGREE	_			22. DAI	E SIGNED	
	9	V et	m		TENDING	MEDICAL STAI	: F	7	ile c	
	John J.	Douver	//1.	O PH	YSICIAN [5-	10-8	5
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	A	22e. ADDRESS						
	JOHN T	Southern	IND	5	TNAT	1-losait	corl			
230	BURIAL CREMATION REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CO	EMATORY	23d LOCATION				
	I C DE C'IEVI					CITY OF TOWN		COUNTY		STATE
	Burial	3-21-85	Mount A	uburn C	emeter	4 Baltimor	0	Mar	ylan	1
24 F	UNERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRAR		TRAR'S SIGN	TURE	
Th	e Bailey- Dougl	Part Europe	ADDRESS	2-01	S. MAI	20 1985	iman	Davidson	Mande	EL.
- 1	e succeg - vouga	uss runerus	C HOME N. (arnoun	St	. 2.0 1000	,			



(VRA 15, 4)

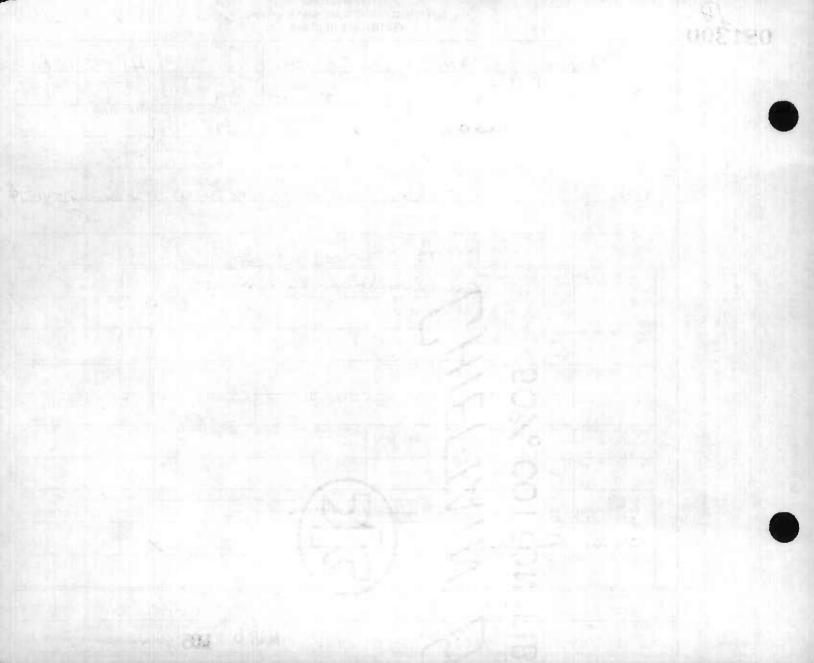
Grine Davidson

STATE OF MARYLAND

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093130	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		07728
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. N	O. MONTH DAY YEAR 2b. HOUR
(3 B 2 8		CARE	DIE	Jones		3 20 85
VI II	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR IF UNDER 24 HRS.
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nerol di	70. 8	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE WIDOWED DIVORCE	B-1+in	R COUNTY OF DEATH
y the fu	10. C	Baltimore	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION (REET ADDRESS) OF STREET	120 USUAL OCCUPAT	
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by the other se remove compton other trou		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF	E. CS	
quires the signed b hen pleo to buriol, ijury, or o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
been the prior to prior to	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The I	RTIF				YES NOW	YES NO
SICIAN: ng physia certificat riol-from entol Hye		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN (TEM 18 PART OR PART 2)
ottending er this or s the bur t and Me	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCATION	CITY OR TO	WN COUNTY STATE
DING or o se os solth mort		220.1 certify that (1) (this has	oitol) ottended the deceased fro	m B 19 19	8\$ 10.3- 2	7 19 85, that (I) (we) lost
TTEN Pitol TOR for us		sow the deceased alive a	7 10	84	pinion death occurred on the d	ate and haur and from the causes stated
hosy hosy thed ept.		22b. SIGNATURE	Of view the body orier deoth.	DEGREE		224. DATE SIGNED
Y the O Y the O defocions D defocions D defocions D VI. If 1		Z Ellsw	with Cook	MD ATTEND	PING MEDICAL STA	13.29.85
HOSPI wined b		274 PHYSICIAN'S NAME (TYPE	orpaint Cook	M.D. 2431	Mary land	Botto, Md. 21
Of Of M		BURIAL, CREMATION, REMOVA	L 23b DATE	3c. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION	
BP		BURIAL UNERAL DIRECTOR	4/ 2/85	BETHEL BAP. CH	. CEM	COUNTY STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	ADDRE	2	So. DATE REC'D. BY REGISTRAR	
(VRA 15, 4)	11	TOOK O DIET			APR 1 1005	delia Miller Dal m

STATE OF MARYLAND



STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE

REGISTRAR

FOR - STATE REGISTRAR

1 DECEASED NAME

7a. BIRTHPLACE

COUNTRY!

ID. CITY OR TOWN OF DEAT

USUAL RESIDENCE (IF NURSIN Maryland

60 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)

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BURIAL

NO

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ote the ost.	DITIONS CONTRIBUTING T	CH OPERATION WAS PERFO	ORMED 200 AU	JTOPSY? 206. IF YE	ES, WERE FINDING IFYING CAUSES OF ES []	DEATH?

CERTIFICATION 190 DATE OF OPERATION Na 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA MEDICAL (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE 22a | certify that () sow the deceosed alive on obove, (1) (we) (did) (did not) view the body alter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS Balto., Nd 2122 7000 W. Be 23a BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

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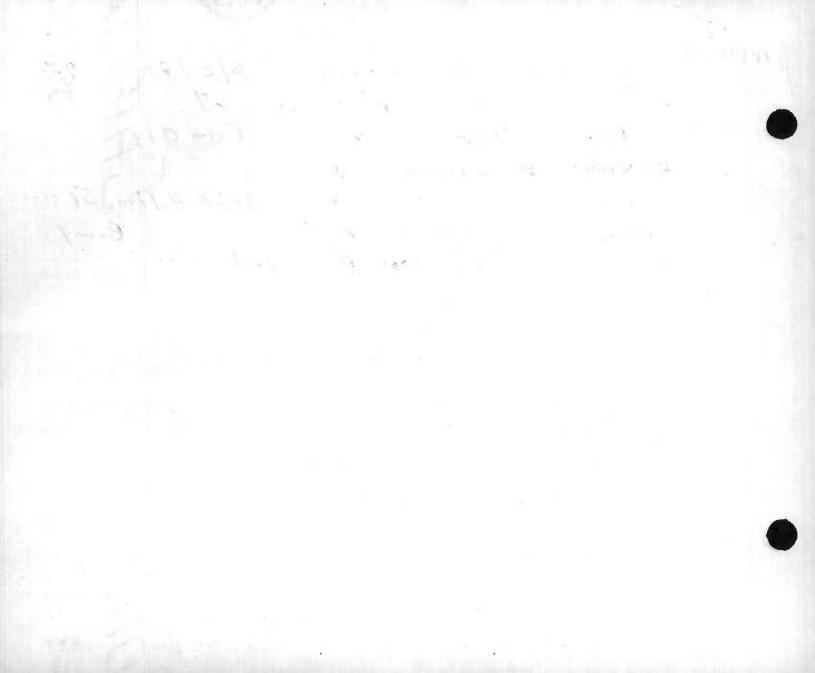
24 FUNERAL DIRECTOR Wm CAMEMarch F/H Inc. 1101 E North Ave.

4/5/85

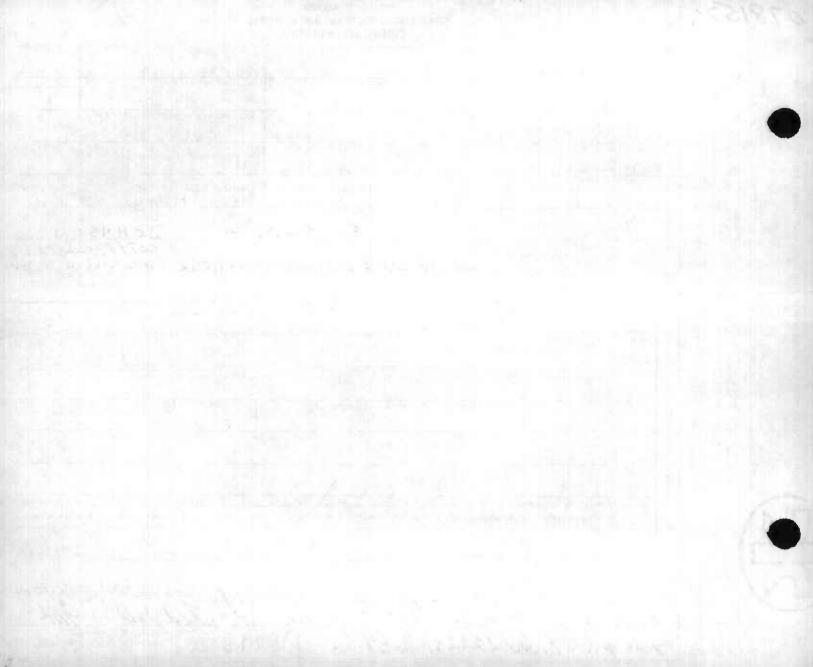
Md Nat'l Mem. Laurel, Pk.

Md .STATE COUNTY

250 DATE REC'D. BY REGISTRAR 251 REGISTBAR'S SIGNATURE
APR 1 - 1005 Fisher Davidson Annual



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0 ,	0,00	1	1 -	STATE REGISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		1 1 12 64
	1			EASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1	(82)		3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	1		F	emale	Nogro	AUG 31 1919	65 YRS.	
	P di P			OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	Jeath.	35	Y	Son War	US	WIDOWED DIVORCED	Boltimor	
	fter de fui withi	11-7	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION ADDRESS)	128 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR INDUSTRY
201	by filled	10		3 Altimore	South Baltin	one General Itsp	Housowife,	
0 21	4 hou	50 6	13a. S	TATE 13b. COUN		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
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ARY	with plete		19 7	FIRST	MIDDLE	E11200	MIDDLE	LAST
E,	P E S	š B	I for V	/AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS 105	THESON
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ALTIA	cior Pers.		_	IN CALISE OF DEATH (Fotor or	ally one couse per line for (a), (b), and	310 NF E 331 NF 100	M MALIKTE VIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Z Z	ding arbon arre	9		IMMEDIA	DUE TO, OR AS A CONSEQUE			
STO	deoth itten ion,	-		Conditions, if ony, which	(b) Conge	1 . 11	FAILURG	3 weeks
8	the o			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
3	that d by ease ol, cr	10		underlying couse lost.	(c)			
5, 20	signed hen pli	, v	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART Ita
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OF V		4		OR CONTRIBUTING CAUSE OF DE	· · · · · · · · · · · · · · · · · · ·	AY YEAR		
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DIVISION	G Pl	D	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) SINCE!	CITORIO	31416
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	R ATTEND hospital o RECTOR: A red for use ppt. of Heo	7	73	sow the deceased plive an obove, (I) (we) (did) (did no	t) view the body ofter death.	55_, and that in (my) (our) apinion	death occurred an the date and have	ir and fram the couses stated
	he he he	Hell		226 SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	27¢ DATE SIGNED
	by the by the ERAL D			Idonald	Blumas r	n V) PHYSICIAN I		march 11 1985
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	etoined by the TO FUNERAL I Should be deto with the Stote I worth the Stote I with the Stot	2		HAROLD	Blumonthal M.D	3001 5.	HAROVER St	Ballimore My 213
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	BP	-	24.5	PARAL DIRECTOR / 1/1	22-16-80 11	a - you Car.	JE REC'D. BY REGISTRAR 251/REGIS	TRAID'S SIGNIANI IDE
	DHMH - 16 50M 4/1 (VRA 15, 4)	B3	2	Lauph & Si	us 222240	hatthere Mi		Devidson-Randell



A. Alan Seitz, Jr. 3818 Roland Ave.

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



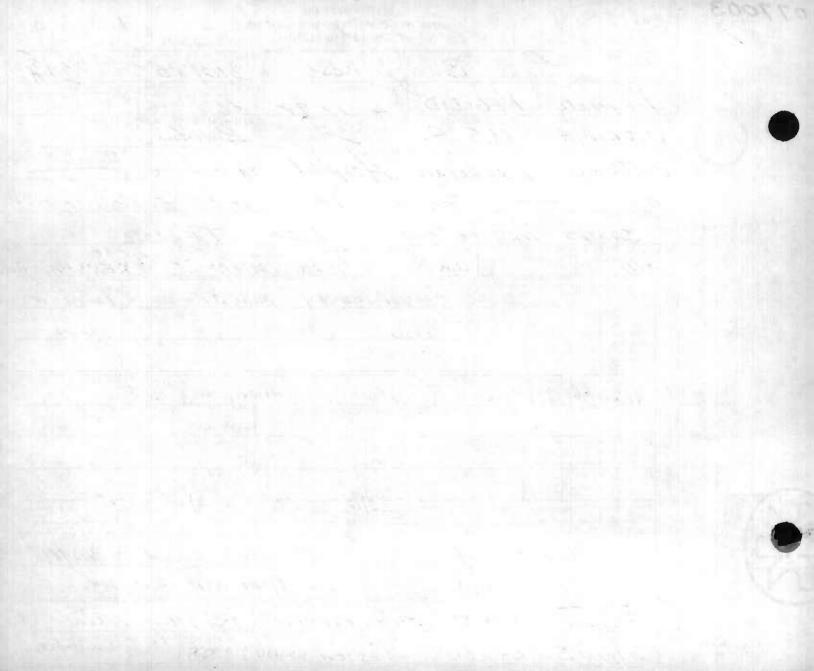
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MIL	FIER PAR ION	16a. V	S. NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		OCIAL SECURI		17. INFORMANT Elizabe	th Adam	ADDRESS	Cnn	. A	
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DIVISION OF VITAL	RTIFICATI NG THE V SHOULD PARTMEI		UNDERLYING CONTRIBUTIN	OR G CAUSE OF	DEATH P.A		H DAY YEA	R						
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	SHO SHO	2	SIGNATURE_	/	11			M	.D.	MEDICAL EX	AMINER	SIGNED	3-9-	0.5
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DATH, WITH THE BALTIMORE, MARYLAND	1	EXAMINER'S I (TYPE OR PRIN	"') -	egory R. 1	Kauff	man, M	.D.	ADDRESS 111	Penn St		., Md	. 212	01
	A STAR		RIAL, CREMAT	ION, REMOVAL	3/14/85				R CREMATORY Cemetery	23d. LOCATIO	imore,	COUNTY	Md.	STATE
07/84 25M	BP1071		INERAL DIRECT		3/14/03	D	art IIII	ore (4	REC'D. BY REGIS		STRAP'S SIG		
	DHMH - 17 (VR A15 ME (5))				Inc. ADDRESS	101	E Nor	th A	venue WAF	211 109		andre	- Randall	4

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 080047 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Leona Jones 16/0 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED 16/19 85 DEAD 36 49 Female Black 14 PAGES 1, 2, AND 3 TO THE FUNE PAGES 1, 2, AND 3 TO THE FUNE PAGES NOW PAGES 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED Baltimore City IN CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore St. Agnes Hospita 13m STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore .0 S Abington Ave. 21229 NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Edgar Whiting Leona 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES: 212-36-1499 Arthur Jones 10 S. Abington Avenue IF CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, II, CREMATION, OR REMOVAL. Ruptured Aortic Aneurysm IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E DEPARTMENT OF HE 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BE USED YES V NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNKAL DIRECTOR: PATER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120 X 220 I certify that taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from Natural corner. Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 3/17/85 Dep. Chief MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Ill Penn St. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE BURIAL 3/22/85 Baltimore, New Cathedral Cem. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Wm C March F/H Inc. 1101 E North Ave.

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18.	1	FOR STATE REGISTRAR	DE		CATE OF DEATH		0//	30
nay be page 3		CEASED NAME	ma B.	Va	nes	REG. N 26. DATE OF DEATH	MONTH DAY YEAR	345
ctor, pag	3 SE		NEGROI.	D S. DATE O	BIRTH YEAR	& AGE (HITAKIASI BE	MONTHS DAY	
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LAND 21	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU		OR TOWN/	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE Mad	150n St.
E, MARYLAND street - thin 22 completel, filling		JAMES NAME FIRST JAMES WAS DECEASED EVER IN U.S. A	HERING TO	AL SECURITY NO.	15. MOTHER'S MAIDEN NA	2 / ADD	1/08	LAST
BALTIMORE prices and copes open. Pages ord.		YES NO GRUNKNOWN) IF YES, G	IVE WAR OR DATES)	K	VIOLA M	latthews:	S CREN	SHMW AN
ST.,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		CARDIO PUL	MONRRY ,	ARREST		OXIMATE INTERVAL EN ONSET AND DEATH
W. PRESTON of the decition of the decition of temper control there from the		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEPSIS			21	lours.
ned b	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT I		1 a e.C. lev a	1. 1	lia
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirentening physician. When this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	1001	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
N OF VITA SICIAN: T ng physici certificate uriol-tronsi tem 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR		RY IN ITEM TB PART T OR PART 2	
NG PHYS offendin filter this cos the but th and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNTY	STATE
R ATTENDIA hospital or RECTOR. A ned for use spt of Heal fem 21 is mit				, and	d that in (my) (aur) apinion	death occurred an the de		
2000 400 4		276. SIGNATURE	ed word	D		MEDICAL STAI	FF / 2	12/85
TO HOSPITAL TO FUNERAL should be deter with the Store	22.	Edwa	erd Wolf		GYOR ET	ray Drive,	· Bult. , Md	<u>'. </u>
BP		BOUNDAL SPECIAL BOUNDARY	3-15-85	Balti	more Cemi	23d LOCATION	6., STA	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	DAME VINB-	Seru663	DERESS 14/12	5 Fon 5 XM	R 1 4 1985	25 MEGISTRAR'S SIGN.	/(1 . 00



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

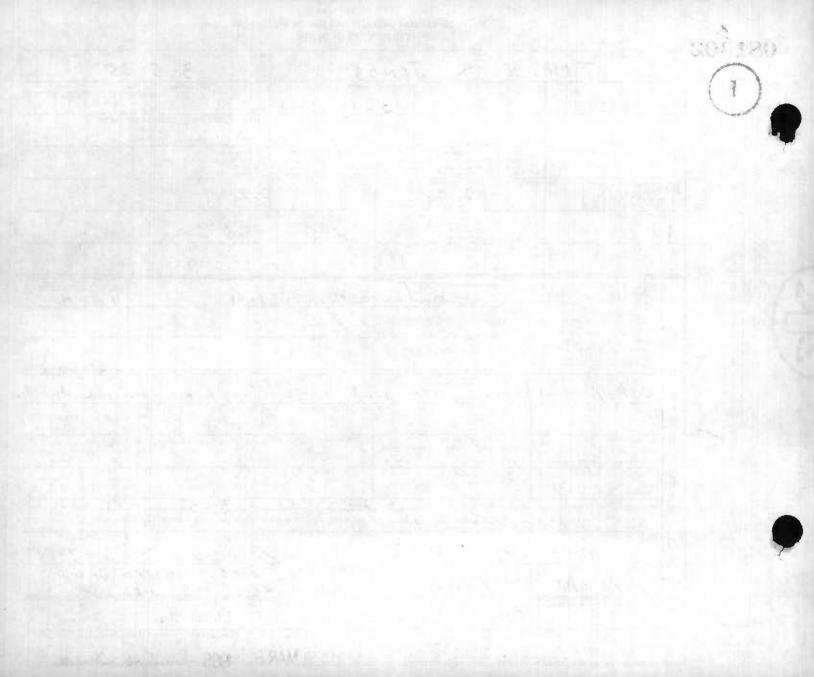
CERTIFICATE OF DEATH

1985 John Tavidson Pender

00		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
02		CEASED NAME FIRST	MIDDLE	L/	AST		MONTH DAY YEAR	26 HOU
1	(TYPE	ORPRINT) - M	AGGIE S.	JONE	ES	3	-5-85	
)	3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	
/		Female	Black	3	- 13 - 1903	81	YRS	S ACORS
¥0-		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY OF DEATH	
35		irginia	U.S.A.	WIDOWE		Baltimore	e City,	
pa /		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		R OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KIND	OF BUSIN
245	В	altimore	South Baltin	more G	eneral Hosp			
576		AL RESIDENCE (IF NURSING HOME (STATE 136 COL		FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
50	M	aryland		imore		1213 Ligh		212
	14 F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	1	LAST
2		George	Bailey	Z.	Elsie		Harm	
	160	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS	3.77
Hed		YES NOOR UNKNOWN) (IF YES, G			Mary Roger	s 2501 Vi	olet Aven	ue
		18 CAUSE OF DEATH Enter D	only one cause per line for (a), (b),	and ig	D	1 0	APPRO BETWEE	DXIMATE INT
		PART I. DEATH WAS CAUS	ATE CAUSE (D)	ulwa	mary In	believe	FR	3 H
0110			DUE TO, OR AS A CONSEC	DUENCE OF				
E		Conditions, if any, which	(b)					
		gove rise to immediate couse (D), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
		underlying couse lost.	(10)					1.21
٠ خ	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT		// . when	DITION GIVEN IN PART	110
	CERTIFICATION	OVHICE HEN	1, 1,	TN, Ai	abete, Mill		ampulce	4,0
vs on	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUSE	
	- E		TO AN THE OF PHINDS		In how himey account	YES NO	YES 🗌	NO
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	THE WALL AND STREET	DAY YEAR	21¢ HOW INJURY OCCURE	CED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?	
He !	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19				
5	Ne Ne	21d INJURY OCCURRED WHILE NOT WHILE	216 PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE	CE FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	
		AT WORK						
	100		putol) ottended the decepsed fine	-			19_5	, that (1)
			not) view the body after death		d that in (my) (our) opinion (death accurred on the da		
		22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAF		TE SIGNEI
		run	700	(7)		MEDICAL STAF		-7-
1		224 PHYSICIAN'S NAME (TYPE				KING h	ILLIAM DI	RIVE
1		SHANKAT	Y. KIAN		BALTIMO	RE, MD	2/22	5
1		BURIAL, CREMATION, REMOVA URTAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	M A
			3/9/83	saltime	ore Cemeter			Ma.
	24. F	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	156 REGISTRAR'S SIGNA	ATURE

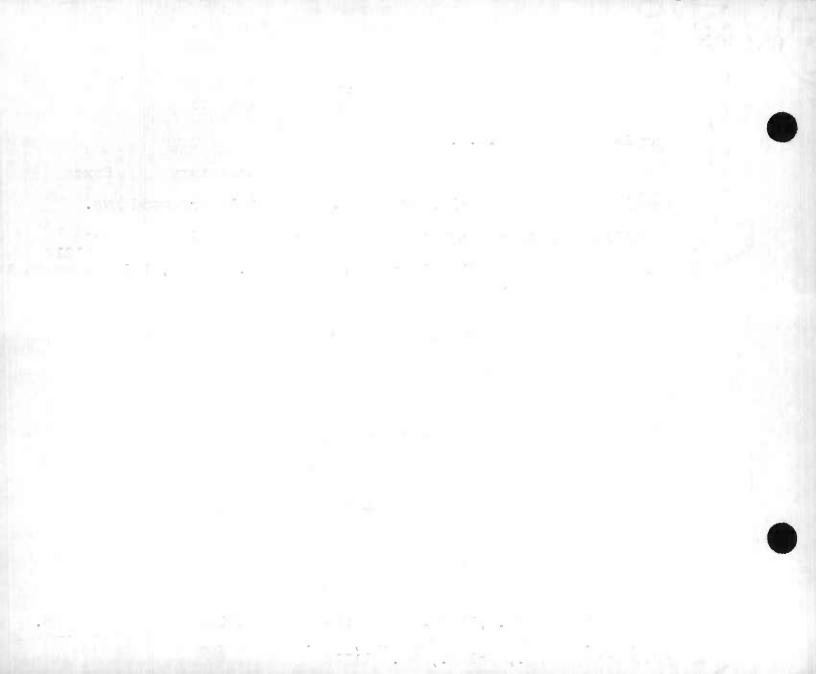
Wm C March F/H Inc. 1101 E North Avenue MAR 8

DHMH - 16 60M 7/B4 (VRA 15, 4)



0	18113	1,	FOR STATE		DEPA	RTMENT OF H		MENTAL HYG	IENE 8	5	0 7	1	3 8
			REGISTRAR	FIRST	MIDDLE		CATE OF	DEATH	7a. DATE OF	REG. NO.	TH DAY	YEAR	26 HOUR
	(Bay		OR PRINT)		J.				10.07.12.0.	03	14	85	11:30 Am
	80	3. SE	LAURA x	4. RACE	٥.	5 DATE C	F BIRTH		6 AGE (IN YE	ARS LAST BIRTHDAY	r) IFU	NDER T YEAR	IF UNDER 24 HRS
Æ	ctor.	1	FEMALE	WHI	TE	12	29	30	5	4	YRS.	THST DAYS	HOURS MIN.
	o 32 01		IRTHPLACE (STATE OR FOR	TEIGN 76 CITIZEN OF	WHAT COUNTS	RY? 8	□ NEVER	MARRIED -	9. BALTIMO	RE CITY OR CO		DEATH	
	leath	I	laryland	at the second se	.A.	WIDOWE	D D	NORCED X	BALTI				MD.
	1 17 2//	10. €	ITY OR TOWN OF DEATH		HOSPITAL, NUR		R OTHER INS	TITUTION		FOR MOST OF WO	RKING LIFE)	INDUSTRY	
201	S 54 7.1		LTIMORE CIT		EMORIAI	HOSPIT	ואי		Secr	etary		U.M.	B.C.
AND 21	the house	130		Baltimore	13c. CITY OR TO Arbut	OWN	YES 🗌	CITY LIMITS?	4781	DDRESS / ZIP	code d Gree	en 2	1227
RYL	within within	M. F.	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	AE	WIDDIE		I A	.st
MA	omple ted	1	David	Н.	Alla			Daisy		1000000		McN	eal
ORE,	Poges medica			U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SI		17 INFORM		/ 703	ADDRESS			0100=
TIM	Po Go		NO		217-26		Micae	el Justu	s 4/81	ReIwoo	od Gre		21227 XMATE INTERVAL LONSET AND DEATH
BA	ficote pape novol ent, t	-	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse per S CAUSED BY:	PNEUMI	Of (A)	. <	EPTICE	MIA				ONSET AND DEATH
N ST	ling prices		IA	MILEDIATE CHOOL (9)									7.7
STO	death others oums		Conditions, if ony, v	which ((b)	ANEU	MONIA						11	DAY
W. PR	iat the death as by the attendin ise remove corb cremotion, ar		gove rise to immer couse (a), stating underlying couse		RAS A CONSE		MYEL	OMA U	ותוע	PANCYT	TOPE	JA	
15, 201	gned shriol burial	z	PART 2 OTHER SIGNIF	FICANT CONDITIONS CO									10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The law requicion. te hos been si gene prior to shows any inju	CERTIFICATION	196 DATE OF OPERATION	ON 196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	ORMED	200 AUTC	PPSY? 20t	LIFYES, W CERTIFYIN YES	G CAUSES	INGS USED S OF DEATH?
F VITA	ZYOUL®		218. ACCIDENT WAS UNDER	USE OF DEATH HOUR A.	M. MONTH		21c. HOW II	NJURY OCCURR	ED (ENTER NA	TURE OF INJURY IN I	ITEM 18 PART	1 OR PART 2)	
IVISION	DING PHYSICIAL or ottending ph After this certific e as the buricitr oth and Mentol marked or them l	MEDICAL	THE ITHER NOTHY MEDICAL THE INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK	D 21e. PLACE	.M. OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC]	211. LOCATI	ION	761	CITY OR TOWN		COUNTY	STATE
0	N- S S S		sow the deceased	olive on 314	11	V	d that in (my	19 P 5		ARCH IL		AS_, and from the	that (1) (***) lost couses stated
	A 0 20 7		276. SIGNATURE	lovely MO		M	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	N/	3/1	4/85
	TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		POW DE	ERLY				N MEMO			92	BAI	LTO 21218
			BURIAL, CREMATION, RE (SPECIFY) Burial			Taudon		CREMATORY Cemetery	Ralt	inon imore	C	OUNTY M	aryland
	BP	24 F	UNERAL DIRECTOR	j 3/1	3/03	21229				EGISTRAR 756	REGISTRAF		
	DHMH - 16 50M 4/83 (VRA 15, 4)		ibbard Funer	al Home. In	1C. 4107			1 1 1 1	R18				-Randall
	,				, 20,								

aryland



ATTENDING PHYSICIAN The low requires that the

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087103	1. DECEASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

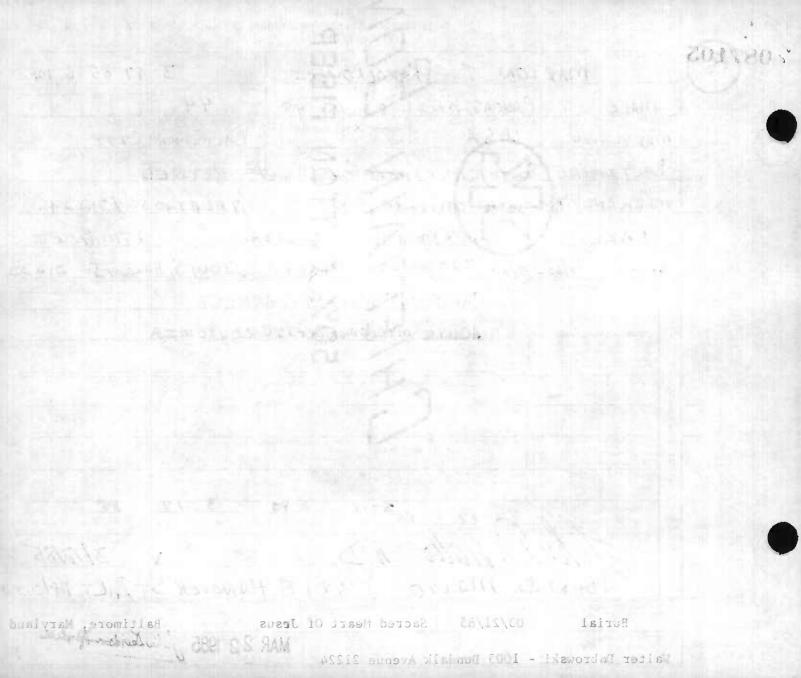
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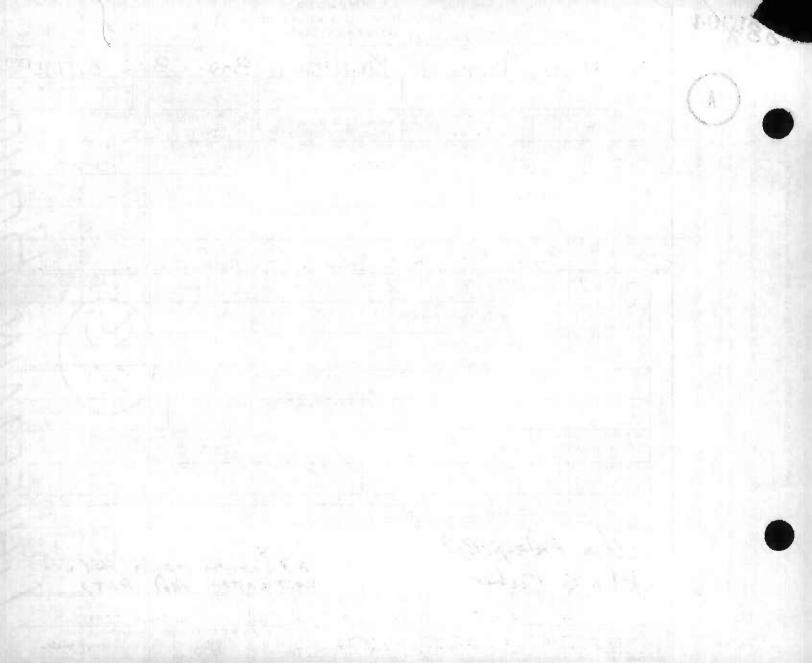
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3		EASED NAME FIRS	MI	DDLE	LAS	51		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	3 SEX	1 ()	4 RACE		S. DATE OF			6. AGE (IN YEARS LAST !	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
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1	a 81R	THPLACE (STATE OR FOREIGH			1		-	9 BALTIMORE CITY		TY OF DEATH	
5		ARYLAND	U.S.	4	WIDOWED	NEVER MARE		-		CITY	
4	-	OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSIN	*	OTHER INSTITUT		120 USUAL OCCUPA			OF BUSINESS C
2	R	ALTTMONE	(IF NOT IN SUCH	SACILITY, GIVE STREET	ADDRESS)	C 11	1	TYPE OF WORK FOR MOST		UFE) INDUSTRY	
2	USUAI	ALTIMORE RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION G	IVE RESIDENCE BEFOR	E ADMISSIONIL	General	1050-10	ICE!	MEI	>	
d	13a. ST	ATE 136	OUNTY	3c. CITY OR TOW	VN _ [1	13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS			
	YM		ALTEMOKE"	DALTI		YES NO		317 ELR	IND	51/210	724
1	14 FAT	HER'S NAME FIRST _	MIDDLE	LAST	- Trans	15. MOTHER'S MA FIRST	IDENNAM	AE MIDDLE		LAS	51
2		KARL	15	AROLKON	SKI		LLLI			ETMA	NSKI
		AS DECEASED EVER IN U.		66 SOCIAL SECT		17 INFORMANT		ADD	RESS		
1	(46)	YES (8)	es, Give war or Dates)	22036	1269	CHAI	27	3001	S. Ha	moverst	- 212
-	T	8 CAUSE OF DEATH (Ent	8-27			- 1/1/11			-1 (1		IMATE INTERVAL ONSET AND DEAT
		PART I. DEATH WAS CA	AUSED BY	TO SA	PECE	TOATA	V A	RREST		BETWEEN	DNSET AND DEAT
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				AS A CONSEOU	ENCE OF	0 Mag > 5 = -	1/	1 - VA.	A		
		Conditions, if any, whice gove rise to immediate		TUTE	111111	morroc	117	LEUKEN	MIT		
		cause 101, stating th	e DUE TO, OR.	as a conseou	ENCE OF						
		underlying couse los	(c)						Trule.	10-	
		PART 2 OTHER SIGNIFICA	NT CONDITIONS COM	NTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE OR CO	UDITION G	IVEN IN PART 1	D
	ō	5-1-9-31				12 12 13 16	945				
0	CERTIFICATION	90 DATE OF OPERATION	196 CONDITI	ION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
71	THE L		ES LAND					YES NOT		TIFYING CAUSES YES	NO T
	E I	10. ACCIDENT WAS UNDERLYIN				21c HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM 18	PART 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE (DEATH .		AY YEAR						
	MEDICAL	1d INJURY OCCURRED	21e. PLACE O			211 LOCATION					
	-	WHILE NOT WHILE	(AT HOME STREE	T FACTORY, OFFICE	FARM ETC)	STREET		CITY OR 1	OWN	COUNTY	STATE
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	2	20 I certify that (I) (this	the same of the sa		85	, 19	6 2	_, to	/ (that (I) (we) l
		sow the deceased of obove, (I) (we) 'do	the bady ut	the death	ond, ond	that in (my) (our)	opinion d	eoth occurred on the	date and hi	our and from the	couses stated
	1	226 SIGNATUH	1.0/	VIA	DE	CREE				22c DATE	SIGNED
		700	40.1	luno	n		ICIAN [MEDICAL ST.	CIAN TO	3/	17/85
	2	26. PHYSICIAN'S NAME (22e ADDRESS		20,011	-		.,,
		JOHA	DIM	TLTC	7	3001	9.	HANOVE	RS-	- Rot T	- nnd-
-	72a P11	DIAL CREMATION SENS				301				1	. 100
	(SP	RIAL, CREMATION, REMO				METERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	STATE
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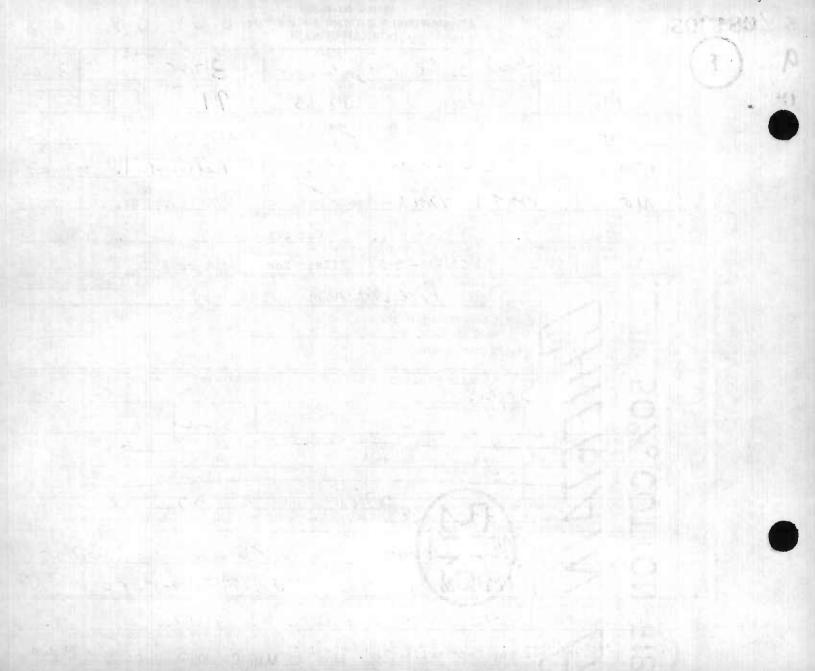
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Walter Dabrowski - 1005 Dundalk Avenue 21224

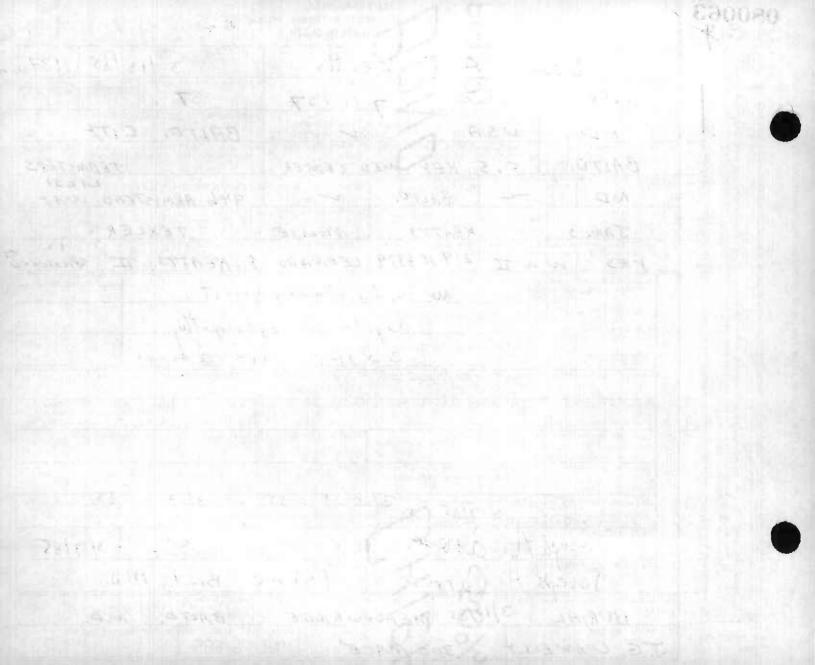
BP.







080063				STATE OF MARYLAND		
4	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 2	07744
9	1 05		MIDDLE	LAST	REG. NO.	H DAY , YEAR TO HOUD
Doc		CEASED NAME FIRST	WIDDLE	11 - 44	20 DATE OF DEATH MONTH	
1 D 5		Lon	· /-	Klaus	3	113 85 1:37
1	3. SE	X	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
4 4		mule	white	MONTH DAY TEAR	57	MONTHS UAYS HOURS MI
2 42		RTHPLACE (STATE OR FOREIGN	LOUNTRY	? 8.	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1 1 32		MD.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO,	CITY
e t	10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
by th		BALTO.	F. S. KEY	MED. CENTER	(TYPE OF WORK FOR MOST OF WORK	TEAMSTER-
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with vid 2	4		NIDDLE LAST	FIRST	MIDDLE	LAST
omple ond	4	JAMES	KEATT			XLER
Poges		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES		ADDRESS	12
Po ou		YES WI	1/19/10	6379 LEONARD	S. KEATTS	TI SPICEW
sicio pers ol.		18 CAUSE OF DEATH (Enter onle	y one couse per line for (a), (b), a	nd (ct.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
phy po nov ent		PART I. DEATH WAS CAUSED	BY:	Ca Is oren manany	arrest	
po por		IMMEDIATE	CAUSE (o)	Corescept		
th con			DUE TO, OR AS A CONSEO	JENGE OF	10 1	
dec dec		Conditions, il ony, which	(6)	again since	phelopelly	
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by by l, cr	1	underlying cause last		end stace	we disea	12
es to control		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART TIE
sign hen to b	Z				THE BIOLING ON CONDINO	TO LET WITTING
y in T	CERTIFICATION	190 DATE OF OPERATION	TINK CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
law e pr	10	THE DATE OF OPERATION	176 CONDITION FOR WHIC	TOFERATION WAS FERFORMED	100 AUTOF31: 100.	CERTIFYING CAUSES OF DEATH?
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N. The hysicion icate ronsit Hygie	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)
SICIA ng ph certifi rrial-tr entol	1 4	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
PHYSICIAN: ending phys this certifica ie burial-tran d Mental Hy d or Hem 18	MEDICAL	71d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
	W.	WHILE NOT WHILE	LAT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
TNG atter of the of the orke		AT WORK			- 1	
Teo Es		220.1 certify that (I) (this houpit		3/10/83 19 83		, 19, that (I) (we) I
Price price 21		sow the decease live on above, (1) we do did not	3/13/85 19	ond that in (my) (aur) apinion	death occurred on the date on	d hour and from the causes stated
R A Hos A Per		77b. SIGNATULE	The book one death.	DEGREE		226. DATE SIGNED
he he he hacher acher le Dep		Vosenk	At a Mass	ATTENDING	MEDICAL STAFF	3/12/05
	-	27d. PHYSICIANIS NAMES THE OF	11000	FITTSICIAN (DIRECTOR PHYSICIAN	2 1/2/03
N de A		22d. PHYSICIAMS NAMES IN CO.	N O	27e ADDRESS	- 211	MD.
SPITA od by JNERA d be de he Stot			H. I A MICO	co I FEN	IC Balt.	WV 111
HOSPITAI		Josepa	M. Carre			
TO HOSPITAL retained by a TO FUNERAL should be de with the Stat	730	BURIAL CREMATION REMOVAL			1236 LOCATION	, ,
		BURIAL, CREMATION, REMOVAL	73t. DATE; 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
TO HOSPITAL Tetrained by 1 TO FUNERAL should be dea with the State IMPORTANT			73b. DATE: 23c	NAME OF CEMETERY OR CREMATORY		COUNTY STATE



				*			ARYLAND						
		FOR STATE			DEPARTMENT OF H	EALTH	AND MENT	AL HYGIĘŅ	E	0 .	77	A	-
00	8183	REGISTRA		ME	DICAL EXAMINE	R'S C	ERTIFICAT	E OF DEA	TH ,	REG. NO.		7	2
U	O L O	1. DECEASED NA	AME FIRST		MIDDLE		LAST		20. DATE KNO	WN XX MO	ONTH DAY	YEAR	7b. HOUR
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	ED TE	J. SEA		MONTH DAY	YEAR _ LAST BIRTHDAY	MONTH			PRONOUNCED		2717		3:02
	× 9955	Female	White	April30	,1981 3 YRS	5.			DEAD		3-27	19 85	p. N
1,0	SEX ES	70 BIRTHPLACE	(STATE OR	76 CITIZEN OF WI	HAT COUNTRY?	MARRI	ED NEVER M	ARRIED 🛜	9 BALTIMORE	CITY OR CO	DUNTY OF	DEATH	
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	NATION OF	ID CITY OR TOV	VN OF DEATH	II, NAME OF HOS	PITAL, NURSING HOME,	OR OTH	ER INSTITUTION	12a USU	IAL OCCUPATION	ON (TYPE OF W	ORK 12b. KI	ND OF BU	SINESS
-	7日開発出8万一つ	Dol+:	maka	Tobac	Chity, GIVE STREET ADDRESS)	3+-1	- DOM	FOR /	none	LIFE)	0	R INDUST	RY
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22	子を開発的し	UAL RESIDEN 130. STATE Md.	Can	roll	Millers		YES NO	M 403	1 Scus	ITK RO	1 ● # 上		
9	TNONS /	II. FATHER'S NA	ME	ANDDI E	LAST	477	TS. MOTHER'S M	A IDEN NAME	MIDDLE			IAST	
wi	3522700	Day	id		Keeney		Dena		MIDDLE	De	avenp	ort	
O.	00820	160 WAS DECEA	SED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY	NO.	17 INFORMANT		Al	4031			5.6
E	E-7886	YES, NO, OR UN	KNOWN) (IF YES, G	IVE WAR OR DATES)	None		Walter	r A. K	eenev	M111	DOME	MY C	ים רודכ
×	A PERS						Walton	44.0	Control	MITTE		PPROXIMATE	
1	Da A	PART	E OF DEATH (Enter DEATH WAS CAU	anly ane cause per line		1 1	Fan al						T AND DEATH
Z	TENESTE	- 0		IATE CAUSE (a)	ranio-cerebr		injury						
150	SA A PAG	10	17/		AS A CONSEQUENCE O	F					10117		
28	E 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		itians, if any, whi rise to immedia										
×	325878	cause	(a) stating the und		AS A CONSEQUENCE OF	F							
201	BASSAN	lying	cause last.										
S.	WILD BE EXECUTED "PENDING". IN FERDING". EXED AS A BURING FER HEALTH AND ALL CREMATION	PART 2 DTH	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE	DE CONDITION CIVEN	IN BART 1 Lav					
ORC	A SO S S S S S S S S S S S S S S S S S S		Sierrichini Certerrie	NO COMMISSION OF SERVIN	DOT NOT KEENIED TO THE TERMIN	ME DISEASE	DK COMPILION BITTA	IN FAKI [10).					
RECORDS	A CRASSING A	190. DATE	OF OPERATION	Im cours	TION 15 CO 11 THE LOCK OF THE	T1011111					- Loc		
7	SHOULD ORD "P CHIEF / SE USED NT OF HE	S ITO DATE	OF OPERATION	198 CONDI	TION FOR WHICH OPERA	HON W	AS PERFORMED?				20	AUTOPSY:	
VITAL	大学エコロペー	Ē							41			YES 💢	NO 🗌
0	HE WORLD BE TO BE	210 EXTE	NAL CAUSE WAS	21b. TIME OF	FINJURY KMONTH DAY YEAR	21c HC	OW INJURY OCCI	URRED LENTER	ATURE OF INJURY IN	ITEM IS PART 1	OR PART 2)	917,10	
N.	51088	WNDERLY CONTRIB	ING XXOR UTING TCAUSE C	OF DEATH 1:55%		pe	destriar	struc	k by au	to			
No.	ES CAR	21d INJUE	Y OCCURRED	21e PLACE	OF INJURY (AT HOME,	211 LO	CATION						
50	SER SER	WHILE	NOT WHILE	XX STREET, FAC	TORY, FARM, ETC.)		TREET	le nd 4	CITY OR TOWN	ra Con	COUNTY	Co	STATE
	R. THIS CHEN WRITH WARDER STATE DO., 21201	ATWOR	AI WORK	I none-	driveway		31 Schall	K Ru.,	T'MTTTE	is, car	TTOIT	CO.,	MG.
	E CERTIFICATE DULD BE FOR H, WITH THE S MARYDAND,	22a l c	ertify that I toak ch	arge of the remains des	scribed above, held an	Autaps	y XX Insp	ection	Inquiry L	, and in n	ny apinian		
,	MER PER	death re	sulted from No	tural causes	Suice XX Suice	ide .	. Hamicide	Undet	ermined manner				
1	EXA CERT JUD E DIRE		NA.	· nA	7 1/2	6	TITLE (SPECIF	Υ)					
	H. A.	ACTUAL	of UGUI	MIN NO	mus 1 10	WIL	D. Assist	ant MED	CAL EVALABLE	D	ATE GNED	3-28-	85
	SER BENT	1	All and a second		1				CALLYAMINE	31	GIVED		
	WER CHANGE	EXAMINE (TYPE OR	R'S NAME DE	ennis F. Sm	yth, M.D.		ADDRESS	ll Penr	St., E	Balto.	, Md.	212	01
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BARTIMORE, M		MATION, REMOVA	123h DATE	23c. NAME OF CEM			1214 10	CATION				
		(SPECIFY)			1985 Evers					me Ce	COUNTY	7 M	ATE
	BP	Buri 24 FUNERAL DI		march ou	TAND ENGINE	1.66			REGISTRAR 12				A .
	DHMH - 17	1[4]	200	AH MON ADDRESS	ster, Mary	len		PRA				OAL	
	(VR A15 ME (5)) 20M 4/82	124-	alkaro	y Manche	socr, Mar.	Tall	4	L. M. Branch	14.5 4	cha David	dson-R	indelle	£
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1	STATE OF MARYLA
6 1- FOR	DEPARTMENT OF HEALTH AND M
- STATE	

REGISTRAR

I. DECEASED NAME

(TYPE OR PRINT)

CERTIFICATION

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Edna 3. SEX 4 RACE White Female BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Meridian Long Green Nursing Home Retired Secretary Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 3501 St Paul St 13b COUNTY Baltimore 21218 Maryland NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Louisa MIDDLE Helwig M Kehs Leander

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Mrs Alberta E Neun 3900 N Charles St 215-01-2582 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoning the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES NO YES 1216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART FOR PART 2)

216. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN IIEM IS PART I CONCONTRIBUTING | CAUSE OF DEATH OUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

71d. INJURY OCCURRED 71e. PLACE OF INJURY 21I LOCATION

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

WHILE AT WORK IN NOT WHILE IN NO WHILE IN NOT WHILE IN NOT WHILE IN NOT WHILE IN NOT WHILE IN NO

DEGREE ATTENDING MEDICAL STAFF 3-1/- 90

PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS

Carl Sperling M.D. 302 East 33rd St Baltimore, Maryland

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCATION BUTIAL 3/12/85 Immanuel Lutheran Baltimore, Maryland

24 FUNERAL DIRECTOR

NAME Leonard J Ruck Inc. Balttimore, Maryland

MAR 1 2 1985

CITY OR TOWN

NO [

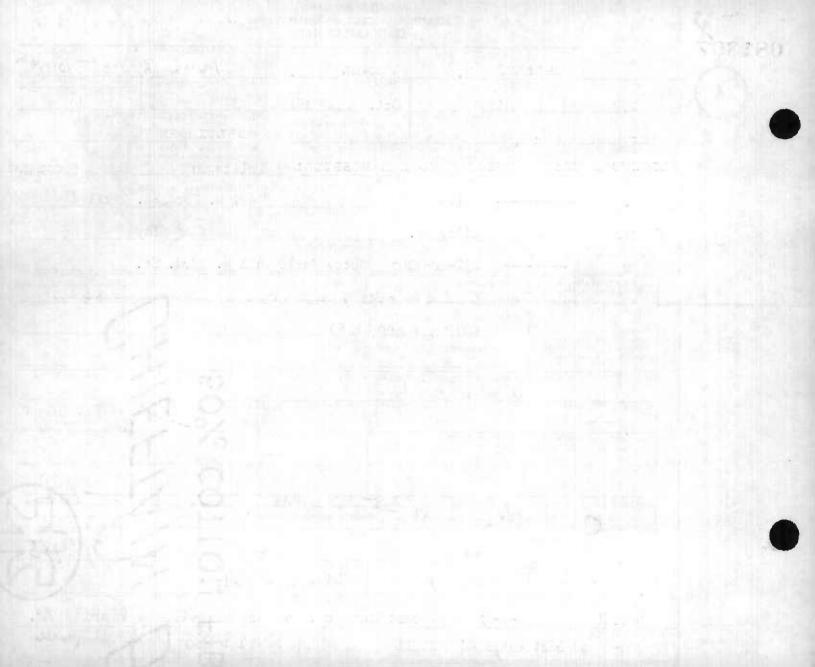
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COUNTY

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MPORTANT:

STATE OF MARYLAND



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
		CEASED NAME FIRST		MIDDLE		AST	20. D	DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	5
	TIPE	CORA	,		1	KELLY	MZ	AR.23.1985			9:30	OA _M
N	3_SEX		4. RACE		5. DATE C	OF BIRTH		GE (IN YEARS LAST BIRTHDAY)	IF U	INDER I YEAR	IF UNDER 2	24 HRS
	FEMALE BLACK				MONTH	1 44		41	RS MON	THS DAYS	HOURS	MIN.
		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BA	ALTIMORE CITY OR COL		DEATH	-	
5		ARYLAND	US		MARRIE	D XXNEVER MARRIED .	- I	BALTIMORE	CIT	Y		145
0		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. 1	USUAL OCCUPATION	T	12b. KIND O	F BUSINE	MD. SS OR
1		ALTIMORE		HOPKIN		SPITAL		EOF WORK FOR MOST OF WORK	PERA	TOR		
5	130 5	TATE 13b CC	DUNTY	130 CITY OR TOW	N	136 INSIDE CITY LIMITS?		TREET ADDRESS / ZIP (STRE	ET 21	229
	14 FA	THER'S NAME				15. MOTHER'S MAIDEN				DITE	DI 21	
7		Alfred	MIDDLE	BLACKWE	LT.	IDA		MIDDLE	MO	RRISO		
-	16a V	/AS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17. INFORMANT		ADDRESS	110	KKIDO		
	. (1	ES NOOR UNKNOWN) (IF YES	GIVE WAR OR DATES)	219-40-3	596	IVAN KELLY	20	NORTH ROSED	ALE	ST. 2	1229	
		18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), one	die					BETWEEN	MATE INTERV	ZAL DEATH
		PART I. DEATH WAS CAL		Omin								
			DUE TO O	R AS A CONSEQUE		SPIRATOR						
		Conditions, if any, which		WIDEL	Y ME	TASTATIC	BRE	EAST CANC	ER	12	mon	tho
	-	gave rise to immediate cause to storing the	1	R AS A CONSEQUE	NCE OF							
H		underlying cause last	(c)_									
	_	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL	DISEASE OR CONDITION	GIVEN	IN PART 1	a	
	6		COINTES				CONG		11.	FAILU	1 Thomas	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20			ERE FINDING CAUSES		
	RTIF	φ					YE	S NO	YES [NO	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LIGHT 4	OF INJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCC	URRED (EN ER NATURE OF INJURY IN ITE	M 18 PART	1 OR PART 2)	- (
-	CAL	LIFETHER NOTIFY MEDICAL EXAM	DEATH	M.	19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC 1	211 LOCATION STREET		CITY OR TOWN	3.1	COUNTY	57	ATE
	<	AT WORK NOT WHILE						FIELDS				
		220.1 certify that (1) this ha	47	Am.		9 19 8		0 3-23			that (I) (w	-
		sow the deceased alive above, (I) (we) (did) (did	an 3 -2	3 19 after death	62 ar	nd that in (my (aur) opinio	on death	accurred an the date one	I hour an	d from the	causes stat	ted
		226 SIGNATURE	111	110	1	DEGREE		D16.11	1	22c DATE	SIGNED	
		Kenned	14.1	rotrey	0	ATTENDING PHYSICIAN		DICAL STAFF ECTOR PHYSICIAN	1	3 -	23	-85
		228 PHYSICIAN'S NAME (TY	PE ORPHINI	11		220 ADDRESS JOI	HNS	HOPKIN.	5 1	HOSY	PITA	L
		KENNET	NV. t	YOLROYL	>	Br	927	IMORE 1	UD	212	05	
		URIAL, CREMATION, REMOV				EMETERY OR CREMATOR	RY 23	d LOCATION CITY OR TOWN	101	OUNTY	ST	ATE
	В	URIAL	3-28-	-85 GAI	RRISO	N FOREST VET		GARRISON	MAI	RYLANI)	

DHMH - 16 60M 7/84 (VRA 15, 4)

60M 7/84

24 FUNERAL DIRECTOR

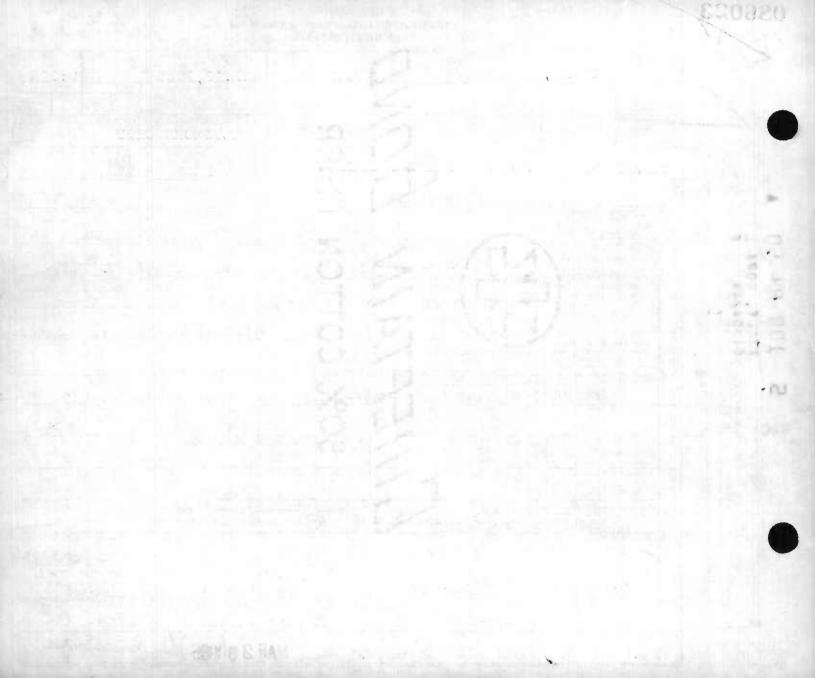
E L.-PHILIPS

1721 NORTH MONROE ST.

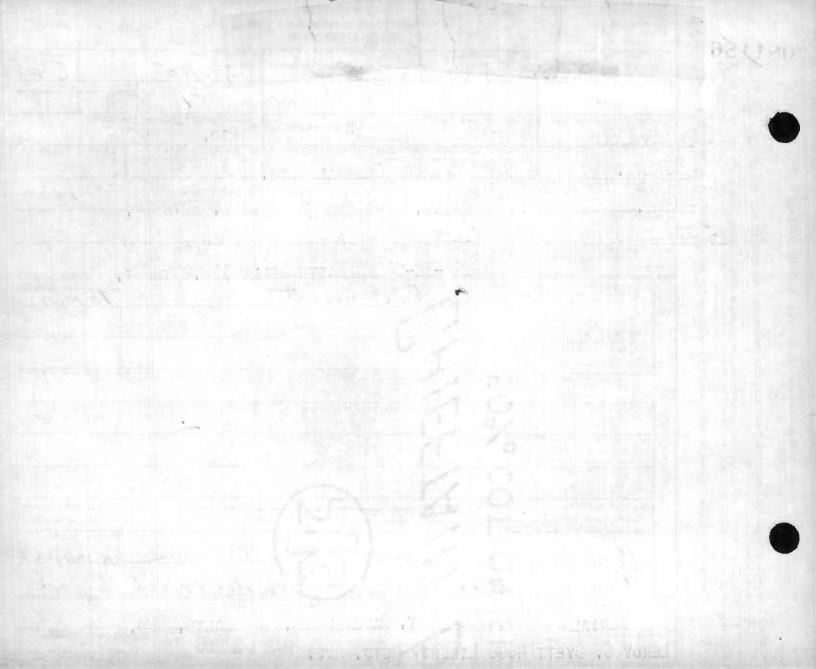
GARRISON FOREST VET . GARRISON

250. DATE REC'D. BY REGISTRAR 250 1

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 26 1985 Ficha Davidson-Handsee



00	11863	1.	FOR STATE REGISTRAR		DEPARTN	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NC	0 /	1	5 0
UB	1186	TYPE OR PRINT				KEG	I'my	3/10/8:	MONTH DAY		2b. HOUR
	Page 4 may director, po Hours after de	3. SE	m	4 RACE		5. DATE OF	15 O4	6. AGE / (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
U	death.	MA	RTHPLACE (STATE OF FOREIGN COUNTRY) ARYLAND ITY OR TOWN OF DEATH	USA		WIDOWE	DIVORCED OTHER INSTITUTION	BALTO.	C	the	ME F BUSINESS OR
1201	in by the be filed with the notifier	BA	LTO . AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GI	CHARLE	ES GF	NERAL HOSP	(TYPE OF WORK FOR MOST OF		INDUSTRY	0.10
YLAND2	rety filled 2 should b	M	THER'S NAME	NTY II	BALTO	N	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA		н Sт.	010	218
RE, MAR	and Swood	16a V	FRED VAS DECEASED EVER IN U.S. AR	MED FORCES?	ELLY 6b SOCIAL SECU	RITY NO.	MARY 17 INFORMANT	ANN ADDRE	SS	[AST	
BALTIMORE	te be every pers. Page		ES 18 CAUSE OF DEATH (Enter or	NE WAR OR DATES)	216-10-	-8485	A EDITH KE	LY 11W.20	тн Ѕт	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST., I	tending physic corbangage or remove		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR	Cardi AS A CONSEQUE	NCE OF	Hrres			157	min-
≥	is that the deal ad by the atter lease remare of ial, cremotion, or ather traum		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	as a conseque	NCE OF					
RECORDS, 201	n signe Then p r to bu	TION	PART 2 OTHER SIGNIFICANT		a ha		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V		
TALREC	vsicion. vsicion. cate has bee ansit permit. dygiene prio	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	5.0		OPERATION	21t HOW INJURY OCCUR	YES NOW	IN CERTIFY II	NG CAUSES	
DIVISION OF VITAL	PHYSICIAN. T ending physici this certificate the burial-fransi ad Mental Hygi d or Item 18 sh	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE-	HOUR A.M	, MONTH DA	YEAR	211 LOCATION	KED (ENIER NATURE OF INJUR	TIN IIEM IB PARI	TORPART 2)	
DIVISIO	or ottend or ottend After this se as the tooling and a morked or	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hosp.	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TOV	, 19	COUNTY	STATE
	R ATTEN haspitol RECTOR ned for u		saw the deceased alive an above, (1) (we) (did) (did no 22b. SIG		19		d that in (my) (aur) apinion				couses stated
	Stote del		22d. PHYSICYAN'S NAME (TYPE C	DR PRINT)		mo	ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAF		10 m	anss
	TO HOSP retained TO FUNE should be with the IMPORTA	23o I	Kubert BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		NAME OF CI	North Ch	23d. LOCATION	nerol	Hesp	or fall
	BP		BURIAL UNERAL DIRECTOR	3/15/8		. Au		BALTO E REC'D. BY REGISTRAN	MD	ESSICIAS	mielle
	(VRA 15, 4)	LE	ERÔŸ O. DYETT	4600 L	IBERTY	HGTS	AVE. MAR	12 1985			



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

REG. NO

			IRS1	Α.	AIDDLE	i	AST	2	a. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
088001	TYPE	OR PRINT)	;	am Edg	ar	V-74			March	23	1985	8:50 PM
0.0	1:56			4 RACE		Kolt 5 DATE C	F BIRTH	6	AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
a office	,	M		W		July	26, 1899 YEA	AR	85	YRS	MONTHS DAYS	HOURS MIN.
2 45	7a. B	RTHPLACE (STATE OR FORE	IGN	76 CITIZEN OF	WHAT COUNTRY?	P	NEVER MARRIE	D 0	BALTIMORE CITY			
1/22		OUNTRY) Md		US		WIDOWE	D DIVORCE	D 🗆	Baltim			MD
48		TY OR TOWN OF DEATH altimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A AND GENES	DDRESS)	ROTHER INSTITUTION		20 USUAL OCCUPA TYPE OF WORK FOR MOST Engineer		LIFE) INDUSTRY	etrical
翻犯		AL RESIDENCE (IF NURSING	COUN		Baltimor	N	13d INSIDE CITY LIM YES NO		523 Murd			21212
130 mg	2 5	THER'S NAME Howard		etler	LAST		15 MOTHER'S MAIDI		stine Have		LAS	т
- Poger		VAS DECEASED EVER IN YES NO OR UNKNOWN) (MED FORCES? E WAR OR DATES)	213 10 7		Mrs. Mary	F. K	ADDI Ketler 52		rdock Roa	
Part of the same o		18 CAUSE OF DEATH	Enter on	ly one cause per D BY:							BETWEEN	MATE INTERVAL ONSET AND DEATH
225	J.B	IM	MEDIAT	E CAUSE (a)	Pulmona	PC/ 14 12 13	rest					
femd Property		Conditions if	Linet.	DUE TO, OF	R AS A CONSEQUE		anntion.					
1000		Conditions, if any, w gove rise to immed	liote	(p)_	Sepsis,		Gracion					
to the state of		underlying couse	last.	1	ras a conseque Probable		al wall mu	yocar	dial infa	rctio	n	
Part of the state		PART 2 OTHER SIGNIF	ICANT (ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CO	NDITION C	GIVEN IN PART 110	
1000	CERTIFICATION	Periphera	al V	ascular	Disease,	S/p	Right Cere	ebral	Vascular		dent (ES, WERE FINDIN	JCS LISED
has b perm ene pr	IFIC	DATE OF OTERATIO		I TABLE CONDI	nottrok willen	OFERANO	T WASTERI ORMED		YES NO	IN CER	TIFYING CAUSES	
al tronsit		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY C	DCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 1:	8 PART 1 OR PART 2)	
s the burn b ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK)	21e PLACE	OF INJURY EET FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	44	CITY OR T	OWN	COUNTY	STATE
CTOR: Af I for use of of Healt	W.	220 I certify that (X(th saw the deceased above, (X(we) (did	alive on	March	22 19	March 85 .or	27, 19 d that in (m X (aur) a	85 ipinian dei	, to March of the other	22 date and h	, 19 <u>85</u> , aur and from the	that (X (we) last causes stated
DIRE Ched Dept Herr		22b. SIGNATURE		, ,			DEGREE ATTEND	21410	MEDICAL ST.	AFF	22c. DATE	SIGNED
RAL deto		duni	de	en cal	James		PHYSIC	IAN []	DIRECTOR PHYS		3-2	3-85
TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAM	TYPEO		2		22e ADDRESS					
should by with the	23n	Henri BURIAL, CREMATION, RE	MOVAL		Baume	IAME OF C	C/O Mari		General 123d LOCATION	Hospi	tal	
,		SPECIFY) Burial	At	3/26/			nd Memoria	al	Balti			STATE
	24 F	JNERAL DIRECTOR					25	So DATE P	REC'D. BY REGISTRA	R 256 REGI	ISTRAR'S SIGNAT	URE

6500 York Rd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

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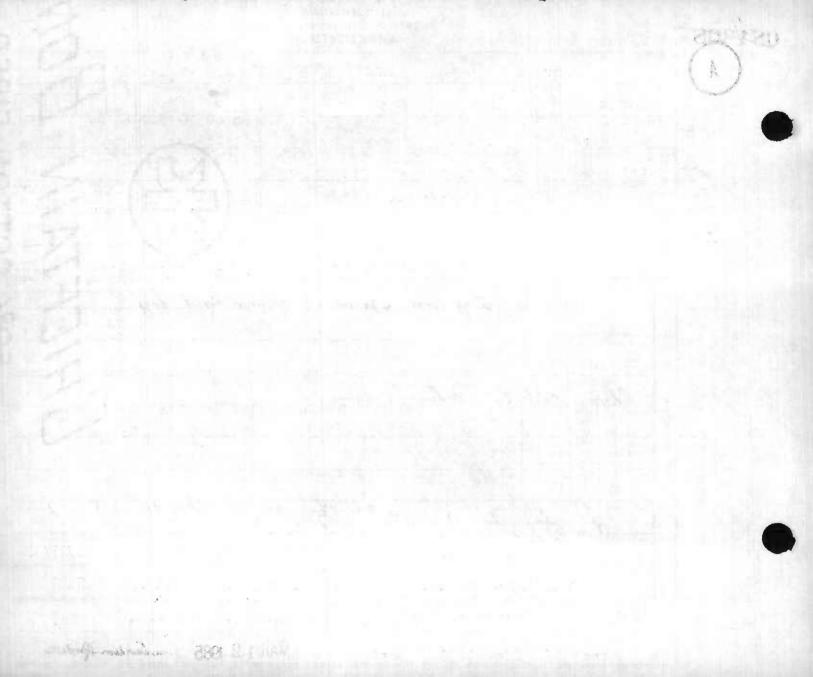
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ü
CERTIFICATE OF DEATH	

0 7 / 5 2

	3	REGISTRAR							REC	. NO.			
		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUF	5
			dward		J.	Kent			March 1				М
8	3.5E)			4 RACE		5 DATE C		YE AR	6. AGE (IN YEARS LAS		MONTHS DAYS	HOURS 2	24 HRS
		male		blac		1/	10/11	TEAK	7.4	YRS.	10.	HOURS	MIN.
u		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D A NEVER MA	ARRIED T	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
7		Washingto	n, DC	U.S	. A .	WIDOW		ORCED	Baltin	ore Ci	ty,		MD.
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTIT	NOITUI	12a USUAL OCCUP	ATION	12b. KIND C	OF BUSINES	SSOR
0		altimore			E. Lanv		St.Apt	.609		36.6-1			
	13a S	AL RESIDENCE HE NURS	13b COUN				1134 INSIDE CIT	Y LIMITS?	13e.STREET ADDRE	SS / 7IP CODE	Lanva	le Tor	wers
5		MD	Sim		Baltimo	re		NO 🗆	1300 E.	Lanval	e St.	2121:	3
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S		WE				
0		Edward		WIDDLE	Kent			ances	WIDDI	,E	Maso		
-	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN		AD	DRESS	Haso	11	
		YES NO OR UNKNOWN)	I IF YES GIV	E WAR OR DATES)	218-03-	5444	Elizal	heth 1	M. Kent	1219 1	Jallev	Str	eet
		18 CAUSE OF DEAT	H Enter or	ly one couse ner				Je en .	ii. Rene	1217		ONSET AND D	
Н	-5	PART I. DEATH W	'AS CAUSE	D BY		.1.	man lab	D Men	brum Righ	+ lund	BETWEEN	ONSE! AND L	HIASE
٦		195013	IMMEDIA		ung conver	1	vanu 68	L (GN-G)	rum, rager	Jung			
-1		6. 19. 4		DUE TO, O	R AS A CONSEQUE	NCE OF							
		Conditions, if ony, gave rise to imm		(p)_									
	131	cause (o), statin underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF							
3)				(c)									
	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	50		0.	O THE TERMI	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1	a	
	CERTIFICATION	Chronic	OK	Fundac	Julmone		liserse		Les autonomo	Tan ir urė	LAST DE SILVE		
91	2	9a DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	WED	20a AUTOPSY?		YING CAUSES		
Ĺ	E E								YES NO	_	5 🗍	NO [
2	100000	OR CONTRIBUTING	-	110110 1	FINJURY M. MONTH DA	YEAR	116 HOW INJU	JRY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)		
7	E I	(IF EITHER NOTIFY MEDI			M.	19							
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY	ARM FIC \	211 LOCATION	1	CITY C	RIOWN	COUNTY	57	ATE
	2	AT WORK AT WOL	RK R		et., racioni, oirice	Ann. 61C)	1 3 3						
		22a I certify that (1)	(this hospi	tal) ottended the	e deceased from_	CAT B	ct 29	19 13	, to	16 21	19 85	tha (I) w	re) last
7)		saw the decease obove, (1) (we) (c	ed alive on	t) view the body	ofter death.	, ar	nd that in (my) (a	iur) opinion d	death occurred on th	e date and hou	and fram the	causes stat	ted
		226. SIGNATURE	1	10	00	14.55	DEGREE				22c DATE		
		C	E. s.	by C	h			TENDING TYSICIAN	MEDICAL S	STAFF SICIAN []		3/11/	85
	19	22d. PHYSICIAN'S NA				7	22e ADDRESS				140 0		
1		Ch	i-Shi	ang Che	n, M.D.		100	N. Bro	adway	Balto.,	MD 2	1231	
	23e. B	URIAL, CREMATION,	REMOVAL				EMETERY OR CR		23d LOCATION	٧.	COUNTY	51	ATE
3	E	BURIAL		3/15/	85 Ki	ng M	emoria:	l Parl	k Randal	lstown	١,	Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue MAR 1 2 1985



FOR	DEPARTM
STATE	

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE

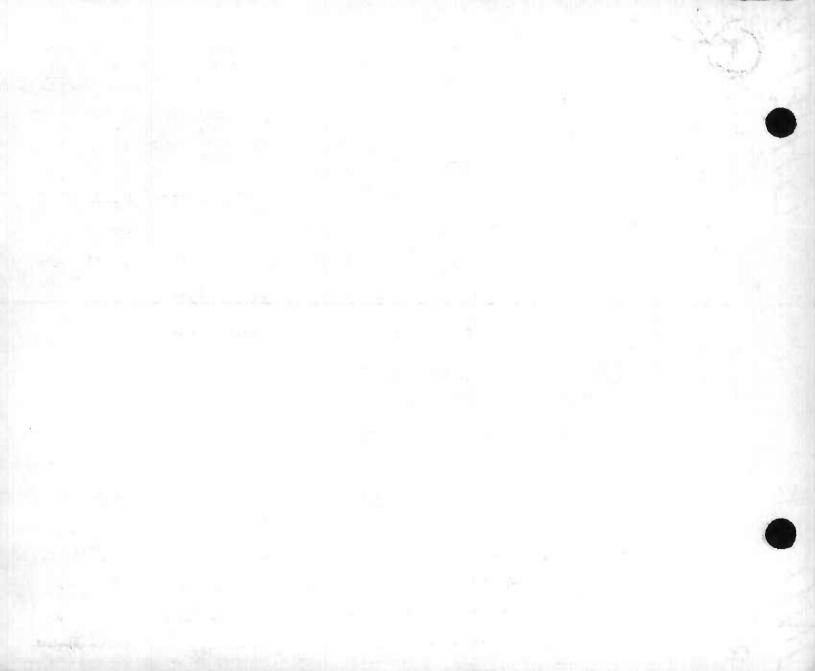
0	7	1	5	1	
U	1	N. Carlotte	~	d	

1	NE CONTROL TO SEE							REG. NO).					
	DECEASED NAME THE CRIMING		AIDDLE		rson		March 30, 1985							
L		Edward	I. RACE					11.02 011 017						
1	Male	141-	k	5. DATE C		35	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 49 YRS.							
70	S .	TE OR FOREIGN 7	L CITIZEN OF V	what country	Y? 8 MARRIE WIDOWE	D NEVER	AARRIED XX	Baltimore City o	R COUNT			MD.		
10	Baltimo		1. NAME OF H	OSPITAL, NURS HEACHITY, GIVE STRE EMERSO	ING HOME		ITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINES			
1	SUAL RESIDENCE ()	13b COUNT		GIVE RESIDENCE BEFO 13 CITY OF TO Balt1		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS / 2533 Emer	ZIP COD	21223 St. 2	2122	3		
5	Edgar	м	Ke:	rson			MAIDEN NAM	WIDDIE		rurner a	ī			
16	WAS DECEASED		MED FORCES? WAR OR DATES)	227-42		Ellen		cruggs 72		elville	e Ave	Э.		
	PART 2 OTHER 19a. DATE OF OL	stating the cause last. SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT			NAL DISEASE OR CONI	20b. IF YE	S, WERE FINDIN	GS USED			
П								YES NO		FYING CAUSES	OF DEATH	?		
	OR CONTRIBUTING	AS UNDERLYING DEAT	HOUR A./	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM 18	PART I OR PART 2)				
	21d, INJURY OC	CURRED OT WHILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E. FARM, ETC.)	211. LOCATION STREET		CITY OR TO	wn /	COUNTY	STA	NTE		
1		ot (I) (this hospite ceased alive an_	ol) ottended the	deceased from	1	<u>'3</u>	_, 19	, to	/		that (1) (we			
1	obove, (I) (ve) (did) (did not)	view the body	after deoth.	,	DEGREE	TIENIDING	MEDICAL STAF		22c. DATE 4/2/	-	ea		
Ш	The state of the s	-	70		,,,			· · · · · · · · · · · · · · · · · · ·	IAN		Sec.			
	The PHYSICIAN	SHAME HOREON	Har	vis		22e ADDRES		1	- 6	Part. on	1.			

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm. NAMEC. March F/H 1101 ADE North Ave.

REGISTRAR 256 REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

MASS.

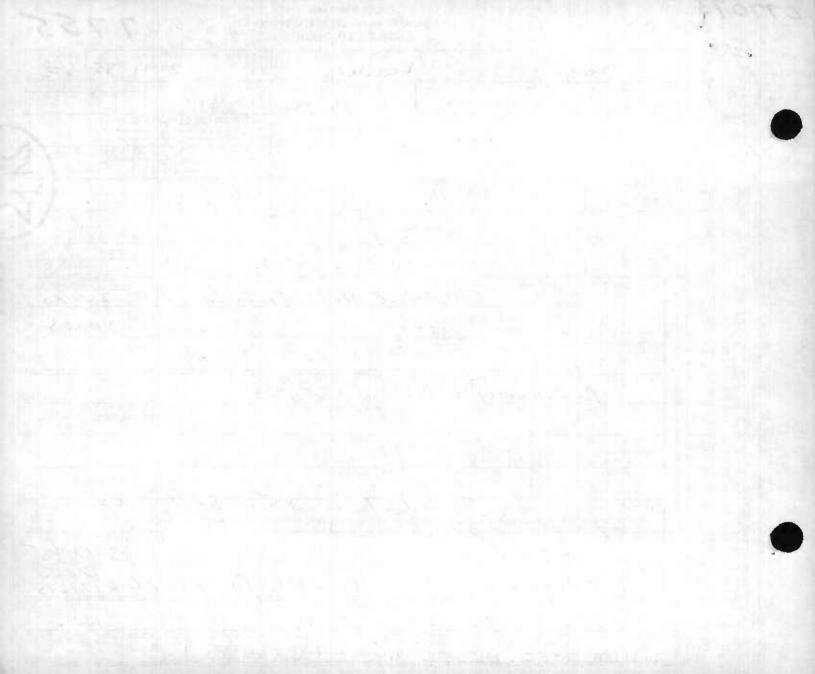
NO T

STATE

45

21215

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

126 KIND OF BUSINESS OR

NO [

COUNTY

22c DATE SIGNED

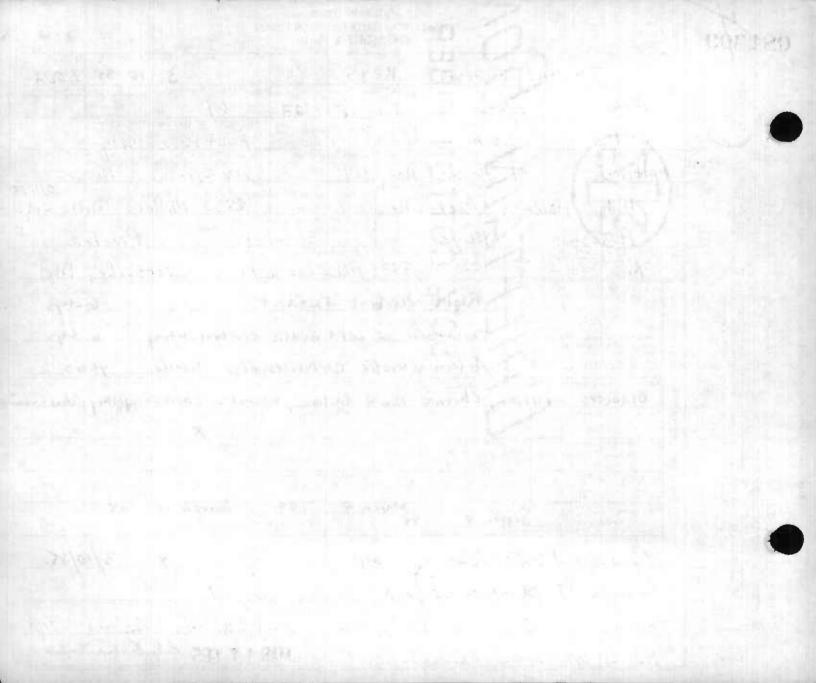
IF LINDER 24 HRS

85

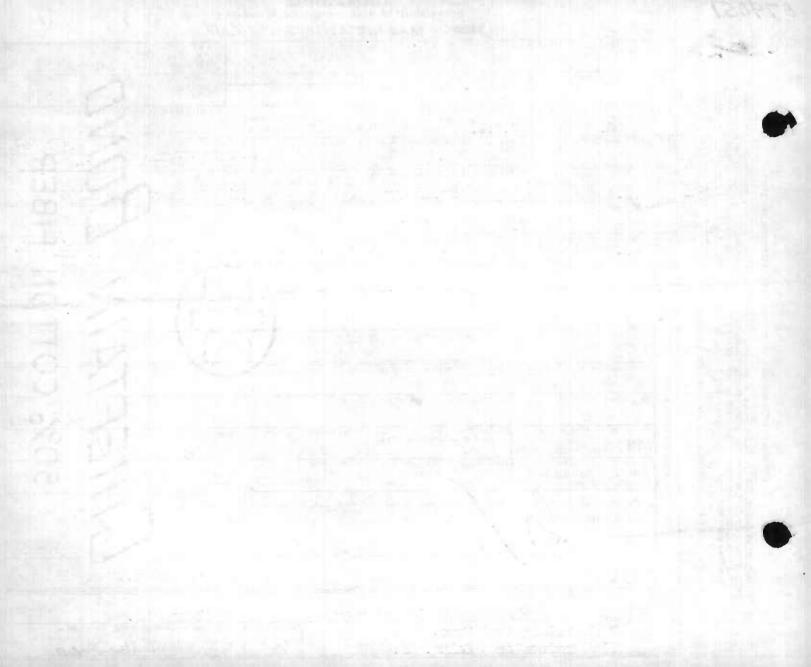
IF LINDER LYEAR

10

2a DATE OF DEATH



074051		rok	1-22a 5/6/1	35 mtb F	DEPART	STATE MENT OF HE	OF M	ARYLAN AND MI	ENTAL H	IYGIENI	to att a	0 7	15	1 .	
	1.	STATE REGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATEC	F DEA	TH R	EG. NO.	, ,		
		PECEASED NAM	NE FIRST		WIDDLE		i	AST			DATE KNOW	WN XX wo	ONTH DAY YEAR	26 HOUR	
A 8 4 8 H	1		John		T.			llian			OF EST DEATH MAT	ED 🗆	3-1.0 19 85	, ,	
STATE OF STA	3. S M	ale		an. 23 1	934	6. AGE (IN YEARS LAST BIRTHDAY) 51	MONTH	DER 1 YR.	IF UNDER	24 HRS. 2	C. DATE RONOUNCED DEAD	MOI	3-1.0 19 85	7. 4.6	
BEN AND THE REAL PROPERTY OF THE PERSON OF T	7a	BIRTHPLACE (S	STATE OR	L CITIZEN OF W	HAT COUN	ITRY?		D NE	/FD MADD	IED TE	BALTIMORE	CITY OR CO	OUNTY OF DEATH	I d. M	
DANG SA	0	Md	7	U.S.A. WIDO				RRIED NEVER MARRIED Baltimore					City,	AAD	
2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H	10	CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (1) (IF NOT INSUCH FACILITY GOVES TREET ADDRESS)				N (TYPE OF W	E OF WORK 12b. KIND OF BUSINESS						
201 NY DELA TAIN PA UID BE P			altimore /		Francis Scott Key Medi			al Ce	enter	Fir	e Fight	er	Fire Dept.		
21201 ANY DEL AND 3 TC RETAIN POULD BI RECORDS	130	STATE	184 COUNT		13c. CITY	OR TOWN		13d. INSIDE CI	TY LIMITS?		ET ADDRESS				
E 44 2 2	2	Md.			Balt	imore		YESX	NO 🗆		7 Antho	ny Ave	e. 21206		
DEATH DEATH GES 1, M PM AND 3	14.	FATHER'S NAM		MIDDLE		LAST			RST		MIDDLE	200	LAST		
TIMORE TER DE FORM ON OF	16a	John WAS DECEASE	DEVER IN U.S. ARM	T.		11ian	10	Barbara ADDRESS				DREEC	Janecek		
BALTIMORE, A URS AFTER DEATH B. GIVE PAGES I WITH FORM PM WITH FORM PM T. PAGES I AND DIVISION OF WITH	/	YES, NO, OR UNKNO	Own) [# YES, GIVE W Peace	AR OR DATES)		28-2369				illia	n (broti	810 Ne her)	ew Section 21 220	Rd.	
HOUR HOUR NG 'WI NE, DI		III CAUSE C	OF DEATH (Enter only EATH WAS CAUSED	BY:), and (c).) sphyxia			9				APPROXIMAT BETWEEN ONSE	E INTERVAL	
PRESTON ITHIN 24 F ICIL IN ITEA JER ALON ANSIT PER AL HYGIEN REMOVAL		- Ann	IMMEDIATE			SEQUENCE OF									
PRE ANSI			ns, if any, which	(b)									4 1		
PEN W) stoting the <u>under-</u>	<	AS A CON	ISEQUENCE OF									
CUTEC CUTEC IN PRINTER IN PRINTER IN PARE				(c)						1/0					
WITAL RECORDS, 201 W. PRESTON ST E SHOULD BE EXECUTED WITHIN 24 HOL WORD "PENDING" IN PENCIL IN ITEM 18 E CEHE MEDICAL EXAMINER ALONG" BE USED SA BURIAL - TRANSIT PERMIT NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	No.		IGNIFICANT CONDITIONS <u>CO</u>	NIRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINA	L OISEASE	OR CONDITION	GIVEN IN PAI	RT 1 (a),					
CAL RECOULD OUTD WEED A HEAD A	CERTIFICATION	19a DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	?			
OF VITAL ATE SHOW E WORD " THE CHIEF TO BE USE WENT OF IT		21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY		21¢ HO	WINHIPY	OCCUBBE	D - ENITED AND	TURE OF INJURY IN I	75	YES 📉	NO 🗌	
DIVISION OF VIT R: THIS CERTIFICATE SH ATE, WRITING THE WOR REWARDED TO THE CH R: PAGE 3 SHOULD BE E STATE DEPARTMENT C D, 21201 PRIOR TO BUR			G OR NG CAUSE OF DE	HOUR A.M	. MONTH	DAY YEAR 0 19 85		reman				IIEM 18 PART 1 C	OR PART 2)		
DIVISION S CETIFIC RITING TH RDED TO SE 3 SHOU E DEPARTI	MEDICAL	21d INJURY O		21e PLACE C	ORY, FARM, ET	(AT HOME.	21f. LOC			2110	CITY OR TOWN		COUNTY		
DIVIS THIS GER WARDED PAGE 3 S TIATE DEP	1	AT WORK	NOT WHILE AT WORK	hou			3300	3 Huds	son S	t. Ba	lto. Mo	1.	COONLY	STATE	
ATE, ORV.		22a. I certi	fy that I took chi	of the remains des	cribed obo	ve, held on	Autopsy	XX	Inspection		Inquiry .	and in m	y apinion		
EXAMINER: CERTIFICATE BUILD BE FOR UDIRECTOR: 1, WITH THE S MARYLAND,		death result	ed from: Hosbian	coures	Accident	Suicid	le 🔲,	Homici	de .	Undeter	mined manner				
CER CER WAR		ACTUAL	2	1				TITLE (SP				1		0.5	
SHOE SHOE		SIGNATURE,	1	/			M.D	ASS1	stant	MEDIC	AL EXAMINER		GNED 3-10	1-85	
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT SAGE 4 SHOULD BE FOR TO FUNEXAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	100	EXAMINER'S (TYPE OR PRI		ry R. Ka	uffma	n, M.D.	A	DDRESS	1111	Penn	St., B	alto.,	Md. 212	201.	
PATA A	23a.	BURIAL, CREMA	TION, REMOVAL 236	DATE	23c. N	AME OF CEMET	ERY OR	CREMATO	RY	23d LOC	ATION		COUNTY SI	TATE	
07/84 BP1018		BURIA	L 3	/14/85	Ho	ly Rede	emer			Ba	ltimore	. Md.		W	
DHMH - 17	24	NAME S	chimunek F	uneral.H	ome,	Inc.		2	So. DATER	-	4		R'S SIGNATURE		
(VR A15 ME (5))		3.	331 Brehms	Lane, B	alto.	Md. 21	213		ANY 1	3 19	85	a Davido	on-Randone		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

NEVER MARRIED

13d. INSIDE CITY LIMITS?

17 INFORMANT

FIRST

DIVORCED

5. DATE OF BIRTH

MONTH

MARRIED

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Batimore

LAST

166 SOCIAL SECURITY NO

REG. NO. 2a. DATE OF DEATH MONTH 2b. HOUR 6. AGE. (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12h, KIND OF BUSINESS OR 12a USUAL OCCUPATION INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE) perator Western achine (13e STREET ADDRESS / ZIP CODE /he 15 MOTHER'S MAIDEN NAME MIDDLE LAST Glennon Rd BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION SIVEN METABLES THE TEXTS. WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATHS NOK YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

216 TIME OF INJURY HOUR A.M. MONTH DAY 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERAT

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

(HE VES. GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)

IMMEDIATE CAUSE

1136 COUNTY

21f LOCATION

ION WAS PERFORMED

CITY OR TOWN

COUNTY STATE

that (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22e. ADDRESS

DEGREE

PHYSICIAN

ATTENDING

MEDICAL DIRECTOR PHYSICIAN

STAFF

22c. DATE SIGNED

23g. BURIAL CREMATION, REMOVAL

278 I certify that (1) (this hospital) attended the deceased from

saw the deceased plive on 3/4/1

23c. NAME OF CEMETERY OR CREMATORY

Security Process

19

23d LOCATION CITY OR TOWN rem.

atonsvi 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

226. SIGNATURE

FOR

REGISTRAR

MAIT

10 CITY OR TOWN OF DEATH

enne

(YES, NO DE UNKNOWN)

laruland

14. FATHER'S NAME

LSTATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying

190 DATE OF OPERATION

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE Y

remation

cause

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

130 STATE

CERTIFICATION

00

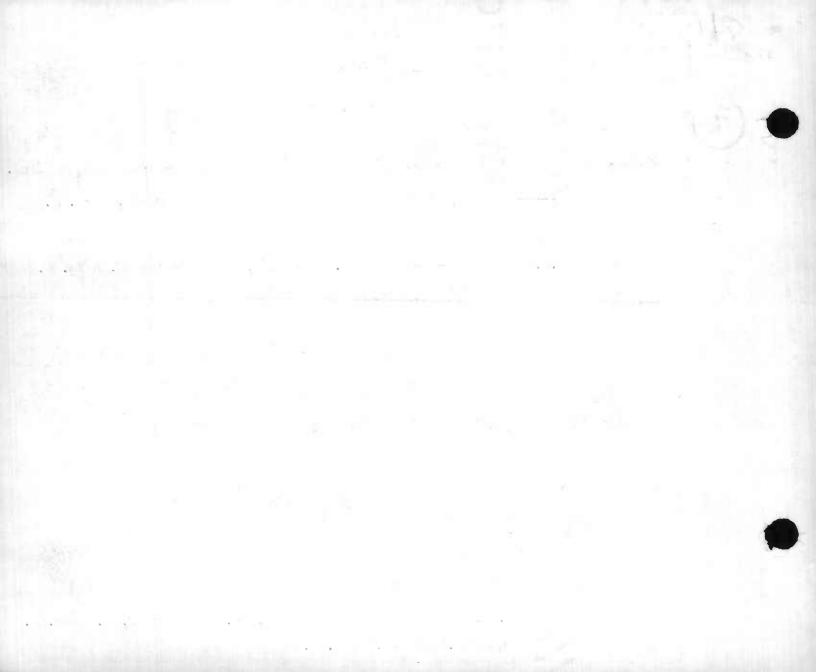
MPORTANT

Mc Willy Funeral Home, 130 E. Port Ave Ballo

ar. 24

a way doon Randall

DHMH - 16 50M 4/83 (VRA 15, 4)



	1.	FOR Item	\$ 5, G602	infor.fr	OM B.C. ST		MARYLAN		HENE .	0	7 1	A L)
091082		STATE 4/.)U/() CW	ME	DICAL EXAMI	NER'S	CERTIFIC		DEATH	REG. NO	1 1	2 3	
10	1. DEC	EASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	KNOWN XX ESTI-		Y YEAR	2h HOUR
STREET,	2 CEV		Monro 4. RACE		L . CE.		nsler	Y			3-21	19 85 Y YEAR	٨
STREET	3. SEX	100		5. DATE OF BIRTH	YEAR 5 LAST BIRT			IF UNDER 24 H	N. PRONOU	NCED			2d. HOUF 2:48
TO SEE	MA	LE RTHPLACE (ST	BLACK	JAN. 5		YRS.			DEA		321	1985	2:48
100 miles	I FOI	LTO.,		70. CITIZEIN OF W	USA		RRIED XX	VER MARRIED DIVORCED	님	wore city <u>or</u> ltimore		PUEAIH	AAD
AY IS THE FILED	ID. CI	Y OR TOWN (OF DEATH	11 NAME OF HO	SPITAL, NURSING HO	ME, OR O			USUAL OCCI	JPATION (TYPE	OF WORK 12h	KIND OF BUS	
PAGE PAGE	3	Baltim	ore		ity Hospit		STII		FOR MOST OF WO			OR INDUSTR	ξΥ
D. 21201 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F AL BECORDS, 2		L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADM	SSION)				RICSON	FLOO	RING	a
AND	130 S1	MD.	13b COUN	VIY	BALTO.	4	13d INSIDE CI	NO []	STREET ADD		CDOW		
	14. FA	THER'S NAME					IS. MOTHE	R'S MAIDEN N	IAME	POPLAR	GROV		EET
PEATH PAGES 1, RM PM 1 AND 1	9	FIRST		MIDDLE	LAST			ILLIE		MIDDLE	101000	LAST	
2 50004 1			EVER IN U.S. AR		16b. SOCIAL SECUR	RITY NO.	17. INFORM		C C	ADDRESS	ACKSO	N	ST
BALTIMORE IRS AFTER DEA S. GIVE PAGES WITH FORM P V. PAGES I AN DIVISION OF	N	S, NO, OR LINKNON	(IF YES, GIVE	WAR OR DATES	214-62-	5995	CAROL	LYN KI	NCIED	1724	BODI AI		
URS 8. G			DEATH (Enter or	nly one cause per lin	e for (a), (b), and (c).)	9 9 9 9	EARO	-IIV KI	NSLER	1124		APPROXIMATE	INTERVAL
Z SESSI	10	PARTIDEATH WAS CAUSED BY: Multiple Injury										ETWEEN ONSET	AND DEATH
	7	812	IMMEDIA		AS A CONSEQUENCE								
WITHIN VCIL IN INER A RANSIT TAL HYY			s, if ony, which										
> > > = \(\cap \)			e to immediate stating the <u>under</u>		AS A CONSEQUENCE	E OF							9 77
201 W. UTED W. IN PENIN EXAMIN EXAMIN CARL - TR. ON, OR		lying cous	se lost.	(4)									
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TO	RMINAL DISE	ASE OR CONDITION	N GIVEN IN PART 1 II	0				
RECORDS. TO BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE BUILD	NO								3 0 (6)				
= == ==================================	CERTIFICATION	19a. DATE OF	OPERATION	19b COND	TION FOR WHICH OP	ERATION	WAS PERFOR	MED?	- D.M.		20	AUTOPSY?	
₹ 20,75% /	I E	000										YES 🔲	NOXX
CERTIFICATE SHOU STINGS THE WORD "STORED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF FOUR TO PRIOR TO BURIAN TO		210. EXTERNA	L CAUSE WAS	216 TIME O	F INJURY	21c	HOW INJURY	OCCURRED (E	NTER NATURE OF I	NJURY IN ITEM 18 PA	ART 1 OR PART 2)		144
	AL	UNDERLYING CONTRIBUTIN	A AOR IG ☐ CAUSE OF				ssenge	er in au	ito str	uck by	bus		
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPART	MEDICAL	21d. INJURY O		21e PLACE	OF INJURY (AT HOME,	211. L	OCATION				11771		
S S S S S S S S S S S S S S S S S S S	1 2	AT WORK XX	NOT WHILE		eet	Fr		st. &	Warwic	_	Balto.	.Md.	STATE
RE THI TE, WARWARE PAY		22a Leartif	y that I took char	ne of the remains de	scribed obove, held or			Inspection 2	7		I in my opinian		
EXAMINER: CERTIFICATION BE FOR DIRECTION WITH THE R.		death resulte		rul couses 🔝	Avident XX	Sucide	Homic		Indetermined m		in my opinion		
EXAMIN CERTIFIC CETTIFIC CETTIFIC DIRECTO		^	11.	1	1		TITLE (S)		maererminea n	idiner,			
CAL EXA THE CER SHOULD FRAL DIR FRAL DIR FRAL DIR FRAL DIR		ACTUAL	ley	uis X	trust 1	Uni		istant	MEDICALEVA	AAINIED	DATE	3-21-8	35
SEAL SET	7			00	11	211			MEDICALEXA	MINER	SIGNED_		
TO MEDICAL E EXECUTE THE PAGE 4 SHOU AFTER DEATH, AFTER DEATH,	-	EXAMINER'S IN (TYPE OR PRIN		nis F. Sm	yth, M.D.,		_ADDRESS_	111 Per	nn St.,	Balto.	, Md.	21.201	1.
5385FB _	23a.Bl	JRIAL, CREMAT	ION, REMOVAL	236 DATE	23c NAME OF	EMETERY	OR CREMATO	ORY 23	d LOCATION		COUNTY	STA	ATE
07/84 BP	(3	BURI	AL	3/26/8	5 CEDAR	HIL	L CEM			BURNIE			
25M DHMH - 17		INERAL DIREC		A C O O ADORDA	BERTY HG		1	250. DATE REC'I	D. BY REGISTR	AR 24 HEGE	PAR'S SON	ATURE	
(VR A15 ME (5))		X01 0.	DIEIL	4000 LY	DERIT MG	15.	AVE.	MAK 2	2 1905	grane D	aurdson-1	fandelle	

